

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90019 027 ****70.00

DOCUMENT # 754366



1. Entity Name
COLLIER MODEL AERONAUTIC CLUB, INC.

Principal Place of Business
**PO BOX 1757
MARCO ISLAND FL 34146
US**

Mailing Address
**PO BOX 1757
MARCO ISLAND FL 34146
US**

70000923



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 29-7384215		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KEEFE, JEROME 1161 MARLIN CT MARCO ISLAND FL 34146				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUB, JOHN		NAME	Patterson, Jack	
STREET ADDRESS	5150 HICKORY WOOD DR		STREET ADDRESS	251 Shadow Ridge	
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP	marco island, FL 34145	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERY, MIKE		NAME	Korallus, Joachim	
STREET ADDRESS	27240 OAK KNOLL DR		STREET ADDRESS	405 Cristobal St	
CITY-ST-ZIP	BONITA-SPRINGS FL 34134		CITY-ST-ZIP	Naples FL 34113	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFE, JEROME		NAME		
STREET ADDRESS	1161 MARLIN COURT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	BOD	<input checked="" type="checkbox"/> Delete	TITLE	BOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, JACK		NAME	EMERY MIKE	
STREET ADDRESS	251 SHADOW RIDGE		STREET ADDRESS	27240 OAK KNOLL DR.	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	BOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, DAVE		NAME		
STREET ADDRESS	17941 BERMUDA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33921		CITY-ST-ZIP		
TITLE	BOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTED, MARLIN		NAME		
STREET ADDRESS	7815 COCO BAY CT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerome Keefe* SIGNATURE REQUIRED *1-3-03 239-642-9022*

CR2E037 (10/02)