2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 763051 Jan 25, 2000 8:00 am 1. Entity Name **Secretary of State** FORT MYERS AMATEUR RADIO CLUB. INC. 01-25-2000 90066 006 ****70.00 Principal Place of Business Mailing Address P.O. BOX 061183 3667 KELLY ST P O BOX 061183 (ZIP: 33906) FT MYERS FL 33906-1183 FT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 59-2234574 Not Applicable Country \$8.75 Additional Zip Country X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAMMONS, G E 3667 KELLY ST FT MYERS FL 33901 City Zip Code FL 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE METHOL NAME NAME DEIBERT, LEN STREET ADDRESS 139 SHAW BLVD MORSE SH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change **X**Addition ☐ Delete TITLE TITLE TD GONZALEZ MICHAEL 1121 HAMILTON AVE. SAMMONS, COLLEEN NAME STREET ADDRESS STREET ADDRESS 3667 KELLY ST LEHIGH-ALRES, FL 33934 CITY-ST-ZIP. CITY-ST-ZIP FT-MYERS FL 33901 VPD ☐ Change Addition SD ☐ Delete TITLE CROY, KENNETH M SAMMONS, G.E. NAME P.O. Box 305 STREET ADDRESS STREET ADDRESS 3667 KELLY ST LEHIGH ACCES, FL 33970 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME KILPATRICK, CHARLES STREET ADDRESS STREET ADDRESS 1425 SAN ROBERTO CIRCLE CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33919 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME KILPATRICK, DON W STREET ADDRESS STREET ADDRESS 1137 N. TOWN & RIVER DR CATY-ST-7IP CITY-ST-ZIP FT. MYERS FL 33919 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #

changed, or on an attachment with an address, with all other like empowered.