

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90020 020 ****61.25

DOCUMENT # 763051

1. Entity Name

FORT MYERS AMATEUR RADIO CLUB, INC.

Principal Place of Business

Mailing Address

3667 KELLY ST
P O BOX 061183 (ZIP: 33906)
FT MYERS FL 33901

P.O. BOX 061183
FT MYERS FL 33906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2234574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMMONS, G E
3667 KELLY ST
FT MYERS FL 33901

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **DEIBERT, LEN**
STREET ADDRESS **139 SHAW BLVD MORSE SH**
CITY-ST-ZIP **FT MYERS FL**

TITLE **PD** ☐ Change ☒ Addition
NAME **KENNETH M. CROY**
STREET ADDRESS **803 CALVIN AVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **TD** ☐ Delete
NAME **SAMMONS, COLLEEN**
STREET ADDRESS **3667 KELLY ST**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **SD** ☒ Change ☐ Addition
NAME **COLLEEN SAMMONS**
STREET ADDRESS **3667 KELLY ST.**
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE **SD** ☐ Delete
NAME **SAMMONS, G.E.**
STREET ADDRESS **3667 KELLY ST**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **TD** ☒ Change ☐ Addition
NAME **G.E. SAMMONS**
STREET ADDRESS **3667 KELLY ST.**
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE **D** ☐ Delete
NAME **KILPATRICK, CHARLES**
STREET ADDRESS **1425 SAN ROBERTO CIRCLE**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **D** ☐ Change ☐ Addition
NAME **CHARLES KILPATRICK**
STREET ADDRESS **1425 SAN ROBERTO CIRCLE**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **D** ☒ Delete
NAME **KILPATRICK, DON W**
STREET ADDRESS **1137 N. TOWN & RIVER DR**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
NAME **DALE HARDIN**
STREET ADDRESS **4289 MARINER WAY #309**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **PD** ☐ Delete
NAME **GONZALEZ, MICHAEL**
STREET ADDRESS **1121 HAMILTON AVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D** ☒ Change ☐ Addition
NAME **MICHEL GONZALEZ**
STREET ADDRESS **1121 HAMILTON AVE**
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2001 941-936-1431

Date Daytime Phone #

CR2E037 (10/00)