

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05589

1. Entity Name

FLORIDA FLYWHEELERS ANTIQUE ENGINE CLUB, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90256 022 ****61.25

Principal Place of Business

7000 AVON PK CUTOFF RD
FT MYERS FL 33853
US

Mailing Address

2733 RAMSEY DRIVE
APOPKA FL 32703-4841
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Meade

City & State

4. FEI Number

65-0010838

Applied For

Not Applicable

Zip

33841

Country

Zip

Country

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

RUSSELL, PATSY
2733 RAMSEY DR.
APOPKA FL 32703

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

Patricia Russell - Secretary Patricia L. Russell

4-26-00

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 PD ☐ Delete
NAME EDWARDS, RICHARD
STREET ADDRESS 6401 METZ RD
CITY-ST-ZIP GROVELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HARKINS, EUGENE
STREET ADDRESS 1581 GRANDVIEW BLVD
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BROWN, DOUG
STREET ADDRESS 280 S SIMPSON ST
CITY-ST-ZIP MT DORA FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME RUSSELL, PATSY
STREET ADDRESS 2733 RAMSEY DR
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DONALDSON, LEWIS
STREET ADDRESS 35445 CLINTON AVE
CITY-ST-ZIP DADE CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WALMER, HAROLD
STREET ADDRESS 1917 UPPER COVE TERR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2000

Date

407-889-0310

Daytime Phone #

CR2E037 (9/99)