

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90085 025 *****61.25

DOCUMENT # N05589

1. Entity Name

FLORIDA FLYWHEELERS ANTIQUE ENGINE CLUB, INC.

Principal Place of Business

7000 AVON PK CUTOFF RD
 FORT MEADE FL 33841
 US

Mailing Address

2733 RAMSEY DRIVE
 APOPKA FL 32703
 US

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 **65-0010838**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 (Patsy) Russell**

Patricia Russell

2-26-01

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 **PD** ☒ Change ☐ Addition
 NAME **Sharp, Michael**
 STREET ADDRESS **3850 E. State Road 46**
 CITY-ST-ZIP **Sanford, FL 32771-9154**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Swank, Harry**
 STREET ADDRESS **5040 Oak Circle**
 CITY-ST-ZIP **Sebring, FL 33870**

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 **D** ☒ Change ☐ Addition
 NAME **Edwards, Richard**
 STREET ADDRESS **6401 Metz Road**
 CITY-ST-ZIP **Groveland, FL 34736**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Gene Harkins**
 STREET ADDRESS **1581 Grandview Blvd.**
 CITY-ST-ZIP **Kissimmee, FL 34744**

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: **Patricia (Patsy) Russell** **Patricia Russell**

2-26-01

407-889-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)