

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90039 047 ****61.25

DOCUMENT # N05589

1. Entity Name

FLORIDA FLYWHEELERS ANTIQUE ENGINE CLUB, INC.

Principal Place of Business

Mailing Address

**7000 AVON PK CUTOFF, RD
FORT MEADE FL 33841
US**

**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

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

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	<input type="checkbox"/> Delete
NAME	SHARP, MICHAEL	
STREET ADDRESS	3850 E. STATE ROAD 46	
CITY-ST-ZIP	SANFORD FL 32771-9154	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SWANK, HARRY	
STREET ADDRESS	5040 OAK CIRCLE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, DOUG	
STREET ADDRESS	280 S SIMPSON ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUSSELL, PATSY	
STREET ADDRESS	2733 RAMSEY DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, RICHARD	
STREET ADDRESS	6401 METZ ROAD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARKINS, GENE	
STREET ADDRESS	1581 GRANDVIEW BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34744	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

PATSY L. RUSSELL **Patricia L. Russell** **2-8-02** **407-889-0310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)