

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N36381**

1. Entity Name

TITUSVILLE AMATEUR RADIO CLUB, INC.

Principal Place of Business

Mailing Address

**P O BOX 73
TITUSVILLE FL 32781****P O BOX 73
TITUSVILLE FL 32781**

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

59-2997556

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

**YOUNG, WILLIAM ROBERT SR.
3845 CATALINA STREET
TITUSVILLE FL 32796**

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	☐ Delete
NAME	HUGHES, HORACE T	
STREET ADDRESS	4835 SANTA ROSA AVE	
CITY-ST-ZIP	TITUSVILLE FL	

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

TITLE	S	☐ Delete
NAME	LEE, BEVERLY	
STREET ADDRESS	5350 SR 46	
CITY-ST-ZIP	MIMS FL 32754	

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

TITLE	D	☐ Delete
NAME	GRINER, LES	
STREET ADDRESS	4555 ROSEHILL	
CITY-ST-ZIP	TITUSVILLE FL	

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

TITLE	D	☐ Delete
NAME	CARR, LARRY	
STREET ADDRESS	6166 BARNA AVE	
CITY-ST-ZIP	TITUSVILLE FL	

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

TITLE	V	☐ Delete
NAME	OSBAND, OZZE	
STREET ADDRESS	P.O. BOX 6841	
CITY-ST-ZIP	TITUSVILLE FL 32782	

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

TITLE	T	☐ Delete
NAME	LEE, BEVERLY	
STREET ADDRESS	5350 SR 46	
CITY-ST-ZIP	MIMS FL 32754	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90055 026 ****61.25

00045674

DO NOT WRITE IN THIS SPACE

0024605

CR2E037 (10/00)