

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2001 90028 037 *****70.00

C0062961

DOCUMENT # N 93000003296 ✓
 1. Entity Name
FLORIDA AVIATION SAFETY FOUNDATION, INC.

Principal Place of Business Mailing Address
C/O JAMES LOOMIS PO. 8940849
2100 LEE ROAD, SUITE A WINTERLAND, FL
WINTER PARK FL 32789 32794-0849

2. Principal Place of Business 3. Mailing Address
850 CONCOURSE PKY, S P.O. BOX 940849
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 150

City & State City & State
MAITLAND FL MAITLAND FL
 Zip Country Zip Country
32751 USA 32794-0849 USA

4. FEI Number Applied For
59-3209330 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
JAMES M. LOOMIS
2100 LEE ROAD
SUITE A
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name **JAMES M. LOOMIS**
 Street Address (P.O. Box Number is Not Acceptable) **850 CONCOURSE PARKWAY, S**
SUITE 150
 City **MAITLAND FL** Zip Code **32751**

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 **JAMES M. LOOMIS TRES/DIC** *James M. Loomis* DATE **4/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D GARNER, DAVID A. 6 CAYUGA AVE. TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D BOLVES, ERIC L. 2110 E. ROBINSON ST. ORLANDO, FL 32802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D LOOMIS, JAMES M. 2100 LEE ROAD SUITE A WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D LOOMIS, JAMES M. 1555 GLENCOE RD. WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D STRANGE, EARNE 14423 POND PLACE DR. JACKSONVILLE, FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JAMES M. LOOMIS TRES/DIC** *James M. Loomis* DATE **4/26-645-4775 (100)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

OR2ED037 (11/00)