

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90049 021 \*\*\*\*70.00

**DOCUMENT # N93000003296**

1. Entity Name  
**FLORIDA AVIATION SAFETY FOUNDATION, INC.**

Principal Place of Business      Mailing Address  
**850 CONCOURSE PKY S**      **P.O. BOX 940849**  
**SUITE 150**      **MAITLAND FL 32794-0849**  
**MAITLAND FL 32751**      **US**  
**US**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-3209330**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOOMIS, JAMES M**  
**850 CONCOURSE PARKWAY S**  
**SUITE 150**  
**MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LOOMIS, JAMES M</b>	
STREET ADDRESS	<b>1555 GLENCOE RD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>STRANGE, E ARNIE</b>	
STREET ADDRESS	<b>14423 POND PLACE DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BOLVES, ERIC L</b>	
STREET ADDRESS	<b>2110 E. ROBINSON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32802</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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: SIGNATURE REQUIRED      1/8/02      497-      Daytime Phone #

CR2E037 (9/01)