

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001336

1. Entity Name

SAN-JEAN FLYING CLUB, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90077 022 ****61.25

Principal Place of Business C/O CARL GREENE 4656 POND APPLE DR N NAPLES FL 34119 US	Mailing Address C/O CARL GREENE 4656 POND APPLE DR N NAPLES FL 34119-8546 US
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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 NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREENE, CARL A
4656 POND APPLE DRIVE NORTH
NAPLES FL 34119

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	T <input type="checkbox"/> Delete
NAME	SPURLOCK, TERRY
STREET ADDRESS	7185 DENNIS CIRCLE., #105
CITY-ST-ZIP	NAPLES FL
TITLE	DVP <input type="checkbox"/> Delete
NAME	COLCOMBE, STANLEY J
STREET ADDRESS	6891 COMPTON LA
CITY-ST-ZIP	NAPLES FL 33962
TITLE	D <input type="checkbox"/> Delete
NAME	MADDEN, JOHN-
STREET ADDRESS	5278 FOX HOLLOW DRIVE
CITY-ST-ZIP	NAPLES FL 34104
TITLE	DS <input type="checkbox"/> Delete
NAME	MINER, BRUCE
STREET ADDRESS	222 WILOUGHBY DR
CITY-ST-ZIP	NAPLES FL
TITLE	DP <input type="checkbox"/> Delete
NAME	GREENE, CARL
STREET ADDRESS	4651 GULFSHORE BLVD., #1407
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	MCDONOUGH, BRYAN
STREET ADDRESS	3410 SEMINOLE AVE
CITY-ST-ZIP	NAPLES FL

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	
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: *Carl Greene* **SIGNATURE REQUIRED** 04-03-00 Date Daytime Phone #

CR2E037 (9/99)