

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90063 039 ****61.25

DOCUMENT # N95000001336

1. Entity Name

SAN-JEAN FLYING CLUB, INC.

Principal Place of Business

Mailing Address

C/O CARL GREENE
 4656 POND APPLE DR N
 NAPLES FL 34119
 US

C/O CARL GREENE
 4656 POND APPLE DR N
 NAPLES FL 34119
 US

2. Principal Place of Business

3. Mailing Address

C/O S.J. Colcombe
6891 COMPTON LANE S.

C/O S.J. Colcombe
6891 COMPTON LANE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

NAPLES, FL.

NAPLES FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

34104

USA

34104

USA

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

COOPER, DAVID
793 97TH AVENUE
NAPLES FL 34108

Name **COLCOMBE S. J.**
 Street Address (P.O. Box Number is Not Acceptable)
6891 COMPTON LN S

City **NAPLES FL** Zip Code **34104**

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

Stanley J. Colcombe **STANLEY J. COLCOMBE (PRES.)** **4/4/02**

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	T	<input type="checkbox"/> Delete
NAME	COOPER, DAVID	
STREET ADDRESS	793 97TH AVE NTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLCOMBE, STANLEY J	
STREET ADDRESS	6891 COMPTON LA	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADDEN, JOHN	
STREET ADDRESS	5278 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPS	<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 checked="" type="checkbox"/> Delete
NAME	MCDONOUGH, BRYAN	
STREET ADDRESS	3410 SEMINOLE AVE	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DAVID	
STREET ADDRESS	793 97th AVE NTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLCOMBE, STANLEY J	
STREET ADDRESS	6891 COMPTON LN S.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERNOT, SCHWETZ	
STREET ADDRESS	461 GRAY COURT	
CITY-ST-ZIP	MARCO, ISLAND FL 34145	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINER, BRUCE	
STREET ADDRESS	6755 HUNTINGTON LKS CIR. W. 201	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, CARL	
STREET ADDRESS	4656 POND APPLE DR. N.	
CITY-ST-ZIP	NAPLES, FL - 34119	
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIANNE MULDER	
STREET ADDRESS	6891 COMPTON LN S.	
CITY-ST-ZIP	NAPLES FL 34104	

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: *S.J. Colcombe* **RES. ST. COLCOMBE (PRES.)** **4/4/02** **239-3530915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)