2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2001 8:00 am Secretary of State **DOCUMENT # V39356** 1. Entity Name NORTH PERRY CHAPTER OF THE FLORIDA AERO CLUB, IN 02-15-2001 90012 005 ***150.00 Mailing Address Principal Place of Business 2134 HOLLYWOOD BLVD 2134 HOLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0410129 Not Applicable \$8.75 Additional -- -J. Zip Country. Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAW OFFICE OF RAY A. SCHLICHTE JR. P.A. Street Address (P.O. Box Number is Not Acceptable) 2134 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE BRESLOW, ARNOLD NAME NAME STREET ADDRESS 1166 SE 6 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** · · · - : Change - Y Addition TITLE X Delete TITLE NAME HERB, REISKIN NAME HOLLAND, LEO G.S. STREET ADDRESS 1528 RODMAN STREET STREET ADDRESS 11708 N.W. 12 STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 PEMBROKE PINES, FL. 33026 Change Addition TITLE TITLE Delete HODES, CHERYL NAME NAME PINTO, SALLY STREET ADDRESS STREET ADDRESS 1528 RODMAN STREET 8500 SUNSET STRIP CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 <u>SUNRISE, FL. 33322</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE **AUMICK, CHARLES** NAME NAME STREET ADDRESS STREET ADDRESS 446 NE 210 CIRCLE TERRACE #202 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

FILED

7-0208