2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V39356 DOCUMENT

1. Entity Name

NORTH PERRY CHAPTER OF THE FLORIDA AERO CLUB, IN

Principal Place of Business 2134 HOLYWOOD BLVD

Mailing Address 2134 HOLLYWOOD BLVD HOLLYWOOD FL 33020

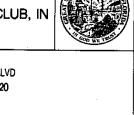
3. Mailing Address

Suite, Apt. #, etc.

HOLLYWOOD FL 33020

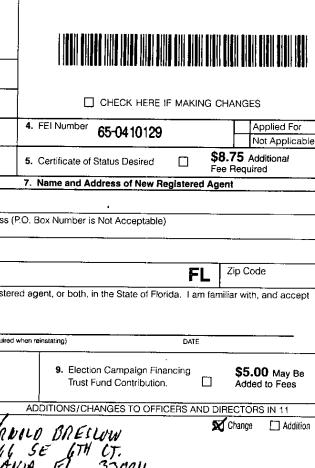
2. Principal Place of Business

Suite, Apt. #, etc.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90199 021 ***150.00



| City & State | | City & State | City & State | | | 4. FEI Number 65-0410129 | | | Applied For |
|---|--|----------------------------|---------------|---|----------------------|--------------------------|---------------------|---------------------------|---------------------------------------|
| | | | | | | | | | Not Applicable |
| Zip | Country | Zip | Cour | Country | | Certificate of Status | Desired | \$8.75 Fee Requ | Additional uired |
| | 6Name and Address of Current F | Registered Agent | Ku | | 7. [| Name and Address | of New Register | red Agent | · · · · · · · · · · · · · · · · · · · |
| | | | | Name | | | | | |
| LAW OFFICE OF RAY A. SCHLICHTE JR. P.A. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 2134 HOLLYWOOD BLVD. | | | | () Dan dan da la | | | | | |
| HOLLYW | OOD FL 33020 | | | | | | | | |
| | | | | City | | | | Zip C | 'oda |
| 0.7 | | ··· | | , , | | | | ┌┗╏ | |
| the obliga | e named entity submits this statement for stions of registered agent. | the purpose of changing it | ts register | ed office or | r registered ag | ent, or both, in the S | State of Florida. I | am familiar wi | th, and accept |
| SIGNATURE | | | | | | | | | |
| 0.0.0 | Signature, typed or printed name of registered agent ar | d title if applicable. (NO | TE: Registere | d Agent signat | ure required when re | einstating) | DA | NTE | |
| F | FILE NOW!!! FEE IS \$150.00 | | | | | 1 | | | |
| Afte | r May 1, 2003 Fee will be \$550.00 | | | | | | npaign Financing | | .00 May Be |
| Make Check | k Payable to Florida Department of | State | | | | Trust Fund C | ontribution. | ☐ Add | ded to Fees |
| 10. | OFFICERS AND D | PIRECTORS | 11. | | AD | L DITIONS/CHANGE | S TO OFFICERS | AND DIRECTO | ORS IN 11 |
| TITLE | FV | ☐ Delete | TITLE | | | | | Chang | |
| NAME | BRÉSLOW, ARNOLD | | NAM | Ē | | BRESLOW | | | |
| STREET ADDRESS | 1166 SE 6 CT | | | ET ADDRESS | | E GTH CT. | | | J |
| CITY-ST-ZIP | DANIA FL 33004 | | CITY- | -ST-ZIP | DAVIA | <u>Fl. 33</u> | 00 U | | } |
| TITLE | P | Delete | TITLE | | Ι Ρ ΄ | _ | | ☐ Change | e Addition |
| NAME | HOLLAND, LEO G S | | NAME | | TONY / | RESTAINO | | | ' |
| STREET ADDRESS CITY-ST-ZIP | 11708 N.W. 12 STREET PEMBROKE PINES FL 33026 | | | ET ADDRESS | 8550 N | WE PINES | COUNT . | | |
| TITLE | S S | | | -ST-ZIP | PEHONO | WE PINES, | FL- 330 | | |
| NAME | PINTO, SALLY | Delete | TITLE | | S. | A BRESLOE | | Change | e DAddition |
| STREET ADDRESS | 8500 SUNSET STRIP | | NAME | ET ADDRESS | ווטואוואוואא | T DITES OU | u | | |
| CITY-ST-ZIP | SUNRISE FL 33322 | | | ST-ZIP | And SE | GTH LOURT | a 1 <i>i</i> | | |
| TITLE | V | Delete | TITLE | | T | Fl. 330 | 7_7 | | |
| NAME | AUMICK, CHARLES | ZZ Delete | NAME | l l | JOHN | STEFFFY | | ☐ Change | e 📈 Addition |
| STREET ADDRESS | 446 NE 210 CIRCLE TERRACE #2 | 02 | STREE | T ADDRESS | 253/ | STEFFEY VASSAU LI | +b/F | | i |
| CITY-ST-ZIP | N MIAMI BEACH FL 33179 | | CITY- | ST-ZIP | FT. IAIN | DENDALE, FO | 3 331 | 2 | i |
| TTLE | | ☐ Delete | TITLE | | 1 1 01/01 | very very c | • 111 | <u>C</u> Change | Addition |
| IAME | | _ 500.0 | NAME | | | | | | Addition |
| STREET ADDRESS | | | STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | | <u> </u> | | | |
| ITLE | | ☐ Delete | TITLE | | - | <u></u> . | | ☐ Change | Addition |
| IAME | | | NAME | | | | | | t |
| TREET ADDRESS TY-ST-ZIP | | | | T ADDRESS | | | | | |
| 111-51-ZIP | | | CITY- | ST-ZIP | | | | | ĺ |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)