

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11932

1. Entity Name

THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED

Principal Place of Business

Mailing Address

P O BOX 572
LECANTO FL 34460-0572
US

3913 EAST ALLENDALE STREET
INVERNESS FL 34453-0487
US

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

59-2643904

Applied For

Not Applicable

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

HUGHES, VENITA
3913 EAST ALLENDALE STREET
INVERNESS FL 34453-0487

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

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 P ☒ Delete
NAME ROBINSON, ROBERT
STREET ADDRESS 5642 S OAKRIDGE DR
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE P ☒ Change ☐ Addition
NAME JOHN GIBBS
STREET ADDRESS 3360 S. MICHIGAN BLVD.
CITY-ST-ZIP HOMOSASSA, FL

TITLE VP ☒ Delete
NAME CRAWFORD, PHIL
STREET ADDRESS 9085 N GOLFVIEW DR
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE VP ☒ Change ☐ Addition
NAME EDWARD ROGALLA
STREET ADDRESS 5740 S. CALCARY
CITY-ST-ZIP INVERNESS, FL

TITLE S ☒ Delete
NAME FLESH, WANDA
STREET ADDRESS P.O. BOX 3117 N/A
CITY-ST-ZIP INVERNESS FL 34451

TITLE S ☒ Change ☐ Addition
NAME MARGARET HIGEL
STREET ADDRESS 9885 E. LINDALE CT. E.
CITY-ST-ZIP INVERNESS, FL

TITLE T ☐ Delete
NAME HUGHES, VENITA M
STREET ADDRESS 3913 E ALLENDALE ST
CITY-ST-ZIP INVERNESS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HORTON, HARRY
STREET ADDRESS 315 E REEHILL ST
CITY-ST-ZIP LECANTO FL 34461

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FLESH, ROBERT
STREET ADDRESS PO BOX 1771
CITY-ST-ZIP INVERNESS FL 34451

TITLE D ☒ Change ☐ Addition
NAME HILDA WEAVER
STREET ADDRESS 8061 N. GOLFVIEW DR.
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 199, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90210 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)