

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90260 040 ****61.25

DOCUMENT # N11932

1. Entity Name

THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED

Principal Place of Business

P O BOX 572
 LECANTO FL 34460-0572
 US

Mailing Address

3913 EAST ALLENDALE STREET
 INVERNESS FL 34453-0487
 US

00016211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2643904

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **GIBBS, JOHN**
 STREET ADDRESS **3360 S MICHIGAN BLVD**
 CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **P** ☐ Change ☒ Addition
 NAME **EDWARD ROGALLA**
 STREET ADDRESS **5740 S. CALGARY**
 CITY-ST-ZIP **INVERNESS, FL. 34452**

TITLE **VP** ☒ Delete
 NAME **ROGALLA, EDWARD**
 STREET ADDRESS **5740 S CALGARY**
 CITY-ST-ZIP **INVERNESS FL**

TITLE **VP** ☐ Change ☒ Addition
 NAME **CARROLL TEAGUE JR.**
 STREET ADDRESS **715 NE 13TH TER.**
 CITY-ST-ZIP **CRYSTAL RIVER FL. 34428**

TITLE **S** ☒ Delete
 NAME **HIGEL, MARAGARET**
 STREET ADDRESS **9885 E LINDALE CT E**
 CITY-ST-ZIP **INVERNESS FL 34451**

TITLE **S** ☐ Change ☒ Addition
 NAME **BARBARA STEFFEN**
 STREET ADDRESS **6577 E. HAMPTON LN.**
 CITY-ST-ZIP **INVERNESS, FL.: 34452**

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

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

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

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

TITLE **D** ☐ Delete
 NAME **WEAVER, HILDA**
 STREET ADDRESS **8061 N GOLFVIEW DR**
 CITY-ST-ZIP **CITRUS SPRINGS FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **WEAVER, HILDA**
 STREET ADDRESS **8061 N GOLFVIEW DR**
 CITY-ST-ZIP **CITRUS SPRINGS FL**

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: VENITA M HUGHES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01
 Date

(352) 726-0535
 Daytime Phone #

CR2E037 (10/00)