

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90098 031 *****61.25

DOCUMENT # N95000001336

1. Entity Name

SAN-JEAN FLYING CLUB, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GREENE, CARL A
 4656 POND APPLE DRIVE NORTH
 NAPLES FL 34119

7. Name and Address of New Registered Agent

Name **DAVID COOPER**

Street Address (P.O. Box Number is Not Acceptable) **793 97th AV**

Nth

City **NAPLES**

FL

Zip Code **34108**

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

TITLE NAME	T SPURLOCK, TERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7185 DENNIS CIRCLE., #105	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	DVP COLCOMBE, STANLEY J	<input type="checkbox"/> Delete
STREET ADDRESS	6891 COMPTON LA	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE NAME	D MADDEN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	5278 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE NAME	D8 MINER, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS	222 WILOUGHBY DR	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	DP GREENE, CARL	<input type="checkbox"/> Delete
STREET ADDRESS	4651 GULFSHORE BLVD., #1407	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	D MCDONOUGH, BRYAN	<input type="checkbox"/> Delete
STREET ADDRESS	3410 SEMINOLE AVE	
CITY-ST-ZIP	NAPLES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T COOPER DAVID J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	793 97th AV Nth	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID COOPER 04/19/01 941 596 5372

CR2E037 (10/00)