

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90132 023 \*\*\*150.00

**DOCUMENT # 463935**

1. Entity Name

**94TH AERO SQUADRON OF PINELLAS COUNTY, INC.**

Principal Place of Business

Mailing Address

4155 E LA PALMA AVE  
 SUITE 250  
 ANAHEIM CA 92807

4155 E LA PALMA AVE  
 SUITE 250  
 ANAHEIM CA 92807-1857

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

**94-2328498**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TALlichet, DAVID C., JR.	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TALlichet, CECILIA	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCMahon, JUDITH	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ROYSE, BOB D	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TALlichet, CECILIA	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: x *Cecilia Tallichet V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4.24.2000*

Date

*714-579-3900*

Daytime Phone #

CR2E034 (9/99)