

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90069 024 ****61.25

DOCUMENT # 704427

1. Entity Name

PENSACOLA NAVY FLYING CLUB INC

Principal Place of Business

**PENSACOLA REGIONAL AIRPORT
 5650 TIPPIN AVE
 PENSACOLA FL 32504
 US**

Mailing Address

**PENSACOLA REGIONAL AIRPORT
 P O BOX 15519
 PENSACOLA FL 32514
 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

73-6502393

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

**JOYNER, RON
 8260 MOBILE HWY
 PENSACOLA FL 32526**

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 **DP** ☒ Delete
 NAME **ROGERS, GEORGE A JR**
 STREET ADDRESS **2304 INDA AVE.**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **DP** ☒ Change ☐ Addition
 NAME **HAINES, COLLINS**
 STREET ADDRESS **14031 CANAL DR.**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **DT** ☐ Delete
 NAME **JOYNER, RON**
 STREET ADDRESS **8260 MOBILE HWY**
 CITY-ST-ZIP **PENSACOLA FL 32526**

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

TITLE **DS** ☐ Delete
 NAME **SHOEMAKER, GREGORY M**
 STREET ADDRESS **521 TURNBERRY ROAD**
 CITY-ST-ZIP **CANTONMENT FL 32533**

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

TITLE **DV** ☐ Delete
 NAME **HAINES, COLLINS**
 STREET ADDRESS **14031 CANAL DR**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **DV** ☒ Change ☐ Addition
 NAME **STEIN, JOHN**
 STREET ADDRESS **7919 MOBILE HWY.**
 CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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

1/18/01

850 452-4611 x122

Date

Daytime Phone #

CR2E037 (10/00)