

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90152 040 \*\*\*\*61.25

**DOCUMENT # 706419**

1. Entity Name

**SUNCOAST AERO MODELERS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 5147

CLEARWATER FL 33758

P.O. BOX 5147

CLEARWATER FL 33758-5147

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

**59-2491412**

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

**LECHNER, BERNARD J., ATTY.**  
**2113 RANGE ROAD**  
**CLEARWATER FL 33758**

Name

**Bernard J. Lechner**

Street Address (P.O. Box Number is Not Acceptable)

**2115 Range Road**

City

**Clearwater**

**FL**

Zip Code

**33765**

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 **PD** ☒ Delete  
NAME **GLUCKSMAN, MELVIN**  
STREET ADDRESS **1223 MAINSAIL WAY**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **PD** ☐ Change ☒ Addition  
NAME **PILZ, WILLIAM**  
STREET ADDRESS **2030 HIDDEN LAKE DR.**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **VD** ☒ Delete  
NAME **LAUDATI, ROGER**  
STREET ADDRESS **5335 BLACK PINE DR**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ Change ☒ Addition  
NAME **THOMSON, DONALD**  
STREET ADDRESS **836 PARK CT.**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **SD** ☐ Delete  
NAME **WORDON, THEODORE**  
STREET ADDRESS **3121 TANGLEWOOD TRAIL**  
CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE **TD** ☐ Delete  
NAME **SLOGGETT, RICHARD L**  
STREET ADDRESS **3537 WOODMUSE DR**  
CITY-ST-ZIP **HOLIDAY FL**

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

TITLE **D** ☒ Delete  
NAME **TOMSON, DONALD**  
STREET ADDRESS **2454**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **WATTLEWORTH, ROBERT**  
STREET ADDRESS **1309 HILLSIDE DR.**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☒ Delete  
NAME **PILZ, WILLIAM**  
STREET ADDRESS **2030 HIDDEN LAKE RD**  
CITY-ST-ZIP **PALM HARBOR FL**

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:**

**RICHARD L SLOGGETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(727) 937-5399**

Daytime Phone #