

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90010 012 ****61.25

DOCUMENT # 709357

1. Entity Name

EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. CHAPTER 74

Principal Place of Business

Mailing Address

P. O. BOX 140571
 ORLANDO FL 32814
 US

P. O. BOX 140571
 ORLANDO FL 32814
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1918173

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

HAYDEN, BOB
4512 BRIDGEWATER DR
ORLANDO FL 32817

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 ☐ Delete
 NAME **D BULL, CHARLES M**
 STREET ADDRESS **9238 BUTTONWOOD ST**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE ☐ Delete
 NAME **D MCINTIRE, DAVE**
 STREET ADDRESS **5114 MORTIER AVE**
 CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE ☒ Delete
 NAME **S PAWELKA, ROBERT**
 STREET ADDRESS **6013 SHORELINE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
 NAME **S SCHERF, MEL**
 STREET ADDRESS **5510 BONITA ROAD**
 CITY-ST-ZIP **ORLANDO, FL. 32822**

TITLE ☐ Delete
 NAME **P HAYDEN, BOB**
 STREET ADDRESS **4512 BRIDGEWATER DR**
 CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE ☐ Delete
 NAME **T CORBITT, JAMES C. JR.**
 STREET ADDRESS **8500 JONES AVE.**
 CITY-ST-ZIP **ZELLWOOD FL**

TITLE ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32798**

TITLE ☒ Delete
 NAME **D DUJUIS, REAL**
 STREET ADDRESS **5642 JEAN DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☒ Change ☐ Addition
 NAME **D LUTZ, JERRY**
 STREET ADDRESS **747 FRIAR ROAD**
 CITY-ST-ZIP **WINTER PARK, FL. 32792**

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

JAMES C. CORBITT, JR. 1-16-02 407/880-2665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)