

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710883

1. Entity Name

FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIA

Principal Place of Business

P.O. BOX 6931  
LAKELAND FL 33807

Mailing Address

P.O. BOX 6931  
LAKELAND FL 33807-6931

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

59-2867783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WISE, ALLAN  
2517 CARIBBEAN COURT  
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name TURNER, STEVE

Street Address (P.O. Box Number is Not Acceptable)  
2140 Pioneer Trail

City New Smyrna Beach

FL

Zip Code 32168

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	P	<input checked="" type="checkbox"/> Delete
NAME	WISE, ALLAN	
STREET ADDRESS	2517 CARIBBEAN COURT	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TURNER, STEVE	
STREET ADDRESS	2140 PIONEER TRAIL	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DRAGO, JOHN	
STREET ADDRESS	5343 AIRPORT LOOP W	
CITY-ST-ZIP	GREEN GROVE SPRINGS FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHANALE, JOHN K	
STREET ADDRESS	46800 DEEP WOODS ROAD	
CITY-ST-ZIP	PAISLEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECKER, ESTER	
STREET ADDRESS	RT 1 BOX 174 C	
CITY-ST-ZIP	PINETTE FL 32350	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAGGART, KENNETH	
STREET ADDRESS	807-78TH STREET	
CITY-ST-ZIP	TAMPA FL 33619	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, STEVE	
STREET ADDRESS	2140 Pioneer Trail	
CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONYERS, JAMES R.	
STREET ADDRESS	691 Quietwater Cv.	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, ALLAN	
STREET ADDRESS	2517 Caribbean Court	
CITY-ST-ZIP	Orlando FL 32805	
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		

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 *Steve Turner* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90040 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4-20-00