

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90001 034 ****61.25

DOCUMENT # 710883

1. Entity Name

FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIA

Principal Place of Business

Mailing Address

P.O. BOX 6931
 LAKELAND FL 33807

P.O. BOX 6931
 LAKELAND FL 33807

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

7. Name and Address of New Registered Agent

WISE, ALLAN
2517 CARIBBEAN COURT
ORLANDO FL 32805

Name **Steve Turner**

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 *Steve Turner*
 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 **P** ☒ Delete
 NAME **WISE, ALLAN**
 STREET ADDRESS **2517 CARIBBEAN COURT**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **Pres.** ☒ Change ☐ Addition
 NAME **Turner, Steve**
 STREET ADDRESS **2140 Pioneer Trail**
 CITY-ST-ZIP **New Smyrna Beach FL 32168**

TITLE **VP** ☒ Delete
 NAME **TURNER, STEVE**
 STREET ADDRESS **2140 PIONEER TRAIL**
 CITY-ST-ZIP **NES SMYRNA BEACH FL 32168**

TITLE **Vice Pres** ☒ Change ☐ Addition
 NAME **Conyers, James B JR.**
 STREET ADDRESS **691 Quiet Water Cove**
 CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **SD** ☐ Delete
 NAME **DRAGO, JOHN**
 STREET ADDRESS **5343 AIRPORT LOOP W**
 CITY-ST-ZIP **GREEN GROVE SPRINGS FL 32168**

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

TITLE **D** ☒ Delete
 NAME **SCHANALE, JOHN K**
 STREET ADDRESS **46800 DEEP WOODS ROAD**
 CITY-ST-ZIP **PAISLEY FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **Brewer, John**
 STREET ADDRESS **119 Pomona Landing Road**
 CITY-ST-ZIP **Pomona Park FL 32181**

TITLE **D** ☒ Delete
 NAME **DECKER, ESTER**
 STREET ADDRESS **RT 1 BOX 174 C**
 CITY-ST-ZIP **PINETTE FL 32350**

TITLE **D** ☐ Change ☐ Addition
 NAME **Wise, Allan**
 STREET ADDRESS **2517 Caribbean Court**
 CITY-ST-ZIP **Orlando FL 32805**

TITLE **T** ☐ Delete
 NAME **MAGGART, KENNETH**
 STREET ADDRESS **807-78TH STREET**
 CITY-ST-ZIP **TAMPA FL 33619**

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 is 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 of Allan Wise*

4-25-01

CR2E037 (10/00)