

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90099 023 ****61.25

DOCUMENT # 710883

1. Entity Name

FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO 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

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

TURNER, STEVE
2140 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

Name
James P Conyers

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

691 Quietwater Cove

City
Altamonte Springs FL

Zip Code
32701

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

James B. Conyers Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

11 APR 02

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 **D** ☐ Delete
 NAME **WISE, ALLAN**
 STREET ADDRESS **2517 CARIBBEAN COURT**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **Pres.** ☐ Change ☒ Addition
 NAME **James P Conyers**
 STREET ADDRESS **691 Quietwater Cove**
 CITY-ST-ZIP **Altamonte Springs, FL 32701**

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

TITLE **VPres** ☒ Change ☒ Addition
 NAME **John Brewer**
 STREET ADDRESS **Rt 3 Box 226 B**
 CITY-ST-ZIP **Crescent City FL 32112**

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

TITLE **S** ☐ Change ☒ Addition
 NAME **BeBe Teichman**
 STREET ADDRESS **39520 Aviation Ave**
 CITY-ST-ZIP **Zephyrhills FL 33540**

TITLE **VP** ☐ Delete
 NAME **CONYERS, JAMES B JR**
 STREET ADDRESS **691 QUIET WATER COVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE **D** ☐ Delete
 NAME **BREWER, JOHN**
 STREET ADDRESS **119 POMONA LANDING RD**
 CITY-ST-ZIP **POMONA PARK FL 32181**

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

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 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 B. Conyers Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 APR 02

Date

407-339-9061

Daytime Phone #

CR2E037 (9/01)