

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90731 009 ****61.25

DOCUMENT # 710883

1. Entity Name
FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 6931
LAKELAND FL 33807

Mailing Address
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

CONYERS, JAMES P
691 QUIETWATER COVE
ALTAMONTE SPRINGS FL 32701

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CONYERS, JAMES P
STREET ADDRESS 691 QUIETWATER COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

TITLE VP ☐ Delete
NAME BREWER, JOHN
STREET ADDRESS RT 3 BOX 226 B
CITY-ST-ZIP CRESCENT CITY FL 32112

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

TITLE SD ☒ Delete
NAME TEICHMAN, BEBE
STREET ADDRESS 39520 AVIATION AVE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE SD ☒ Change ☐ Addition
NAME Vernelle Sides
STREET ADDRESS 5311 Ridgeway Dr.
CITY-ST-ZIP Orlando FL 32819-7432

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: Kenneth R. Maggart

4/29/03

CR2E037 (10/02)