

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711860

1. Entity Name

EXPERIMENTAL AIRCRAFT ASSOCIATION, INDIAN RIVER

Principal Place of Business

722 24TH SQ.  
VERO BEACH FL 32962

Mailing Address

722 24TH SQ.  
VERO BEACH FL 32962-1328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-6502102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GAUNTT, HENRY  
495 NIEUPORT DRIVE  
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME DAVID, MICHAEL  
STREET ADDRESS 722 24TH SQ.  
CITY-ST-ZIP VERO BEACH FL 32962 ☒ Delete

TITLE SD  
NAME ECKMAN, CLARK  
STREET ADDRESS 1025 26TH AVENUE  
CITY-ST-ZIP VERO BEACH FL 32960 ☒ Delete

TITLE TD  
NAME GAUNTT, HENRY  
STREET ADDRESS 495 NIEUPORT DRIVE  
CITY-ST-ZIP VERO BEACH FL 32968 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Joe Rueck  
STREET ADDRESS 135 Miller Dr.  
CITY-ST-ZIP Sebastian FL 32958 ☒ Change ☐ Addition

TITLE SD  
NAME Faith Coddington  
STREET ADDRESS 1235 E. Barefoot Circle  
CITY-ST-ZIP Barefoot Bay, FL 32976 ☒ Change ☐ Addition

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

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

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

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

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: Henry B. Gauntt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Mar 2000 561 567 6446

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 19/99