FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # 715974** 1. Entity Name THE IMPERIAL RADIO CONTROL CLUB, INC. 04-28-2001 90025 012 ****61.25 Mailing Address Principal Place of Business PO BOX 6662 PO BOX 6662 LAKELAND FL 33807 LAKELAND FL 33807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-0205427 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, IAN MINTZ, WILLIAM 111 ELM SQUARE S LAKELAND FL 33813 AKRUND 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. CLARK (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition SUNDEY, WALLACE NAME NAME STREET ADDRESS 223 SYLVIA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33813 ☐ Delete TITLE ☐ Change ☐ Addition TITLE WASILEWSKI, DONALD NAME NAME STREET ADDRESS 4647 KINGS POINT CT STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP LAKELAND FL 33813 TITLE ☐ Delete TITLE ☐ Change Addition SKINNER, NORMAN NAME NAME STREET ADDRESS 117 WOODSIDE DR STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP LAKELAND FL 33813 TITLE Delete TITLE ☐ Change Addition MINTZ, WILLIAM NAME NAME BANNER, JOHN 512 PRINCESS PLACE STREET ADDRESS 111 ELM SQUARE SOUTH STREET ADDRESS LAKELAND, FL CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Delete TITLE ☐ Addition CLARK, LAN CLARK, IAN NAME NAME 4901 DOSSER ROAD SOUTH STREET ADDRESS 4544 REMINGTON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33811 LAKELAND FL 33813 TITLE ☐ Delete TITLE Change ☐ Addition NAME CICCARELLO, FRANK NAME STREET ADDRESS 2104 VALLEYBROOK AVE STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 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

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNING

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