

2000 UNIFORM BUSINESS REPORT (UBR)

1/21

FILED
Apr 27, 2000 8:00 am
Secretary of State

01-28-2000 90201 020 ****61.25

DOCUMENT # 726240

1. Entity Name

CYPRESS GARDENS CHAPTER OF THE EXPERIMENTAL AIRC

Principal Place of Business

GILBERT FIELD AIRPORT
WINTER HAVEN FL 33881

Mailing Address

3084 21 ST NW
WINTER HAVEN FL 33881-1274
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7414859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HENRY, RONALD C
624 MAGNOLIA ST
PO BOX 657
WAVERLY FL 33877

7. Name and Address of New Registered Agent

Name: Charles Keranen
Street Address (P.O. Box Number is Not Acceptable):
348 N. Echo Dr.

City: LAKE ALFRED, FL FL Zip Code: 33850

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

Charles Keranen ✓ Charles P. Keranen ✓ 3-27-2000

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	P	<input type="checkbox"/> Delete
NAME	HENRY, RONALD C	
STREET ADDRESS	PO BOX 657	
CITY-ST-ZIP	WAVERLY FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VARGAS, JERRY	
STREET ADDRESS	964 SUNSHINE WAY	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOOT, RICHARD	
STREET ADDRESS	1203 BRANDON LAKES CIR	
CITY-ST-ZIP	VALRICO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BISHOP, LOIS J	
STREET ADDRESS	25 LAKESHORE BLVD	
CITY-ST-ZIP	BABSON PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES K. KERANEN	
STREET ADDRESS	611 LERON ST	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES H. CAMPBELL	
STREET ADDRESS	7 Forest Dr. Edgemoor	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN H. PECK	
STREET ADDRESS	2070 KAPTEE CT.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MELVIN H. PECK ✓ M. H. Peck

SIGNATURE AND TYPED OR PRINTED NAME

Date

1/28/00

Daytime Phone #

(863) 318-8297

CR2E037 (9/99)