2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 09, 2001 8:00 am Secretary of State **DOCUMENT # 726240** 02-12-2001 90218 032 ****61.25 CYPRESS GARDENS CHAPTER OF THE EXPERIMENTAL AIRC Principal Place of Business Mailing Address GILBERT FIELD AIRPORT 3084 21 ST NW WINTER HAVEN FL 33881 WINTER HAVEN FL 33881-1294 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7414859 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPUELLE Street Address (P.O. Box Number is Not Acceptable) HENRY, RONALD C **624 MAGNOLIA ST** PO BOX 657 WAVERLY FL 33877 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be 1 Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Addition TITLE TITLE Change HENRY, RONALD C NAME STREET ADDRESS PO BOX 657 STREET ADDRESS CITY-ST-ZIP WAVERLY FL CITY-ST-ZIP 🗂 Delete TITLE VPD IIILE ☐ Addition ARIES KERANEA NAME VARGAS, JERRY 964 SUNSHINE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL <u>33850</u> TITLE Delete ÌIILE ~ ☐ Addition NAME BOOT, RICHARD NAME 1203 BRANDON LAKES CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP moe C SD Detete クスピマ カビル チ BISHOP, LOIS J NAME NAME 46 Hill 9 STREET ADDRESS 25 LAKESHORE BLVD STREET ADDRESS 3388 CITY-ST-ZIP BABSON PARK FL CITY-ST-ZEP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED