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2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am DOCUMENT # 726240 Secretary of State 1. Entity Name 02-13-2002 90211 025 ****61.25 CYPRESS GARDENS CHAPTER OF THE EXPERIMENTAL AIRC RAFT ASSOCIATION, INC. Principal Place of Business Mailing Address GÎLBERT 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 City & State City & State Applied For 4. FEI Number 23-7414859 Not Applicable - Zip .Country_ Ζip 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 Street Address (P.O. Box Number is Not Acceptable) CAMPBELL, JAMES 7 FOREST DRIVE DAVENPORT FL 33834 Zip Code City 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. 8-2002 SIGNATURE (NOTE: Registered Agent signature regulard when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be LE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) ☐ Addition TITLE ☐ Change TITLE ☐ Delete CAMPBELL, JAMES H PRESIDEN NAME NAME E037 STREET ADDRESS STREET ADDRESS 7 FOREST DRIVE CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL 33834 DEMOND; KENT VISE PRESIDENT Change Delete TITLE TITLE Eranen, Charles K NAME NAME IB W. BASS ST. STREET ADDRESS 265 W CUMMINGS STREET STREET ADDRESS KISSIMMEE P1. 34741 CITY-ST-ZIP City-ST-ZiP LAKE ALFRED FL 33850 Change TAULOR CURTIS TITLE Delete 💢 TITLE PERK, LIELVIN H. NAME 19 AVIATION - DR -TIZEASURE HAME STREET ADDRESS STREET ADDRESS 2020 KAPREE CT. WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DRESDEN, TIFFANNY SECRETARY G. DEAN RACETTI NAME NAME 1050 ARIANA Blud. DIRECTOR STREET ACCRESS STREET ADDRESS 246 HILL CT. CITY-ST-ZIP Auburndale, FlA. 33823 WINTER HAVEN FL 33881 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition TITLE 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 Statutės. 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.