

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726375

1. Entity Name

PANAMA CITY CHAPTER 202 OF THE EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12729 AIRWAY
PANAMA CITY FL 32404

12729 AIRWAY
PANAMA CITY FL 32404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2363675

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADALLER, HAL
3720 E GAME FARM RD
PANAMA CITY FL 32404

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HADALLER, HAL
STREET ADDRESS 3720 E GAME FARM RD
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

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

TITLE SD
NAME HOLLBROOK, JAMES
STREET ADDRESS 325 DOGWOOD WAY
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

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

TITLE TD
NAME O'CONNOR, EDWARD W
STREET ADDRESS 13110 PARK WAY
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

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

TITLE VP
NAME STARK, ROBERT
STREET ADDRESS 4532 MILL BAYOU RD
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

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

TITLE D
NAME MATTHEWS, RICHARD
STREET ADDRESS 103 GLADES TURNS
CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Delete

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

TITLE D
NAME PERSINGER, CAL
STREET ADDRESS 6216 KELLY CT
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

850 871-4603

Date

Daytime Phone #

CR2E037 (9/01)