

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734539

1. Entity Name

SUN'N FUN EAA FLY-IN, INC.

Principal Place of Business

4175 MEDULLA RD.  
PO BOX 6750  
LAKELAND FL 33807

Mailing Address

4175 MEDULLA RD.  
PO BOX 6750  
LAKELAND FL 33807-6750

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

59-1875924

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

HENDERSON, BILLY M.  
6430 FORESTWOOD DR. W.  
LAKELAND FL 33811

Name

BURTON, JOHN C.

Street Address (P.O. Box Number is Not Acceptable)

1482 LONGOAK DRIVE SOUTH

City

LAKELAND

FL

Zip Code

33811

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

JOHN C. BURTON, EXECUTIVE DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-99

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 ☐ Delete  
NAME EICKHOFF, WILLIAM  
STREET ADDRESS 415 15TH AVE. N.E.  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33704

TITLE D ☐ Delete  
NAME MCCLUNG, WILLIAM  
STREET ADDRESS 10318 OUT ISLD DR  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33615

TITLE V ☐ Delete  
NAME FLAGG, LYLE  
STREET ADDRESS 111 E JAMES ST.  
CITY-ST-ZIP BRANDON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33510

TITLE D ☐ Delete  
NAME STARR, JOHN  
STREET ADDRESS 1120 HALLAMWOOD CT.  
CITY-ST-ZIP LAKELAND, FL 00000 33813

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

TITLE V ☐ Delete  
NAME THOMPSON, WILLIAM  
STREET ADDRESS 1524 CLARNDON AVE.  
CITY-ST-ZIP LAKELAND FL 33803

TITLE V ☒ Change ☐ Addition  
NAME THOMPSON, WILLIAM  
STREET ADDRESS 1105 STONEBROOKE LANE  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE D ☐ Delete  
NAME DAHLY, RON  
STREET ADDRESS 1320 POWERS DR.  
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00

Date

863.644.2431

Daytime Phone #

CR2E037 (9/99)