2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 09, 2001 8:00 am
Secretary of State
02-15-2001 90065 020 ****61.25

DOCUMENT # 743149

1. Entity Name

SARASOTA R/C SQUADRON, INC.

Principal Place of Business	Mailing Address
1304 OAK VIEW DR. 2252 SHADOW LAKES DR. SARASOTA FL 34240 US	4411 BEE RIDGE ROAD BOX 394 SARASOTA FL 34233 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2641815 ☐ 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
HAY, JONATHAN 2252 SHADOW LAKES DRIVE SARASOTA FL 34240	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 Jonathan Hay 02.12.01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAY, JONATHAN 2252 SHADOW LAKE DR. SARASOTA FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FEDAK, MARY ANN 3641 GLEN RIDGE LANE SARASOTA, FL 34233 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALASSO, TRIP 1549 SHADOW RIDGE CIRCLE SARASOTA FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FULLER, BRAD 7735-5 LEEWYNN DRIVE SARASOTA FL 34240 DIRECTOR ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WINTER, MICHEAL 4287 HEARTHSTONE DR. SARASOTA FL 34238	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAY, JONATHAN 2252 SHADOW LAKE DR. SARASOTA, FL. 34240 DIRECTOR ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEHANNA, JIM 5137 SUNNYDALE CIR. WEST SARASOTA FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HESS, JR, JAMES 507 SADDLEWOOD DRIVE SARASOTA, FL. 34293 DIRECTOR ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER NEIL HANSEN 173 WINDWARD DRIVE OSPREY, FL. 34229 DIRECTOR ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Jonathan Hay SIGNATURE REQUIRED 02.12.01 9413778676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #