

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818635

1. Entity Name

BUEHLER AVIATION RESEARCH FOUNDATION, INC.

Principal Place of Business

305 ROUTE 17 SOUTH  
PARAMUS NJ 07652

Mailing Address

305 ROUTE 17 SOUTH  
PARAMUS NJ 07652

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

22-1754787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, JOHN H  
1 N. UNIVERSITY DRIVE  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME FIRST UNION NATIONAL BANK  
STREET ADDRESS 266 HARRISON ROAD  
CITY-ST-ZIP GLEN ROCK NJ 07452 ☐ Delete

TITLE VD  
NAME PAYNE, JOHN H  
STREET ADDRESS 1 NORTH UNIVERSITY DRIVE  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE ASTD  
NAME WEAVER, GEORGE  
STREET ADDRESS 871 E. COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE DT  
NAME BOYLE, ROBERT D.  
STREET ADDRESS 113 JOHNSON AVENUE  
CITY-ST-ZIP HACKENSACK NJ ☐ Delete

TITLE DT  
NAME STOLBERG, GEORGE  
STREET ADDRESS 49 AUBURN RD  
CITY-ST-ZIP BARNEGAT LIGHT NJ 08006 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-08-2001 90006 005 \*\*\*\*61.25  
818635

FILED

01 DEC 11 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

816846

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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**To** Katherine Harris  
Secretary of State  
**From** Robert D. Boyle, CPA  
**Date/Time** October 22, 2001 at 1:30PM  
**Subject** Buehler Aviation Research Foundation, Inc.  
Document # 818635

Dear Ms. Harris:

In response to your notice of no payment of your annual report (copy attached). Please find attached a copy of the front and back of the canceled check, negotiated by your Department that accompanied the filing of the annual report.

Please adjust your records accordingly.

Certified Public Accountants

113 Johnson Avenue

Hackensack, N.J. 07601

201-487-6666

201-487-6689 Fax

boylecompany.cpa@verizon.net