

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90113 020 ****61.25

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

113 Johnson Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hackensack, NJ

Zip

Country

Zip

Country

07601

USA

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
700 NE 40TH COURT
FORT LAUDERDALE FL 33334**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 **700 NE 40TH COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

☐ 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 **ESQ**
NAME **HARTMAN, PORTER**
STREET ADDRESS **115 W. CENTURY ROAD**
CITY-ST-ZIP **PARAMUS NJ**

☐ Delete

TITLE **Wachovia Bank**
NAME **266 Harristown Rd.**
STREET ADDRESS **Glen Rock, NJ 07452**

☒ Change ☐ Addition

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

TITLE **4203 La Verde Drive**
NAME **No. Fort Meyers, FL 33903**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

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