

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91316 035 ****61.25

DOCUMENT # F00000005498

1. Entity Name
ORGANIZATION FOR SPORT AVIATION COMPETITION, INC
ORPORATED



Principal Place of Business

9729 EAST 3000TH STRET
KEWANEE IL 61443-8886

Mailing Address

9729 EAST 3000TH STRET
KEWANEE IL 61443-8886

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-4417181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGBIE, BONNIE
3229 FORESTBROOK DRIVE, NORTH
LAKELAND FL 33811-1659

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

TITLE **PCTD** ☐ Delete
NAME **INFANTE, ANITA C**
STREET ADDRESS **9729 E. 3000TH ST.**
CITY-ST-ZIP **KEWANEE IL**

TITLE **VASD** ☐ Delete
NAME **STEWART, WILLIAM E**
STREET ADDRESS **522 SOUTH TREMONT STREET**
CITY-ST-ZIP **KEWANEE IL**

TITLE **VSD** ☐ Delete
NAME **HANSEN, JON S**
STREET ADDRESS **1912 MAJESTIC PINES**
CITY-ST-ZIP **WAUTOMA WI**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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)(l), 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:

Anita C. Infante **4/22/03** **309 853-5328**

CR2E037 (10/02)