

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023550 AF

**DOCUMENT # L97000001057**

1. Entity Name

WITHAM AERO CLUB, L.C.

**FILED**

01 JAN 29 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1323 SW THELMA STREET  
PALM CITY FL 34990

Mailing Address

1323 SW THELMA STREET  
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-0808941

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLYNN, BRIAN  
1323 THELMA STREET  
PALM CITY FL 34990

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 \$50.00****Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
BLACKFORD, ROBERT M  
STREET ADDRESS 1323 SW THELMA STREET  
CITY-ST-ZIP PALM CITY FL 34990 ☐ DeleteTITLE NAME MGRM  
FLYNN, BRIAN  
STREET ADDRESS 1323 SW THELMA STREET  
CITY-ST-ZIP PALM CITY FL 34990 ☐ DeleteTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003654388--4  
CITY-ST-ZIP -02/06/01--01083--016TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-10-01 561 283-4114

CR2E083 (11/00)