

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000016

1. Entity Name

SEBRING MODEL AIRPLANE CLUB, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90030 013 ****61.25

Principal Place of Business

Mailing Address

203 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870

203 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870

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

65-0972673

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

LAW OFFICE OF JAMES F. MCCOLLUM, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HOFFER, JAMES A
STREET ADDRESS 915 S.E. LAKEVIEW DRIVE
CITY-ST-ZIP SEBRING FL 33870

☐ Delete

TITLE VD
NAME WOLFE, BOB
STREET ADDRESS 322 PEABODY CIRCLE
CITY-ST-ZIP AVON PARK FL 33825

☐ Delete

TITLE S
NAME MILLER, ED
STREET ADDRESS 203 NORTH RIDGEWOOD DRIVE
CITY-ST-ZIP SEBRING FL 33870

☐ Delete

TITLE TD
NAME WAGGAMAN, BOB
STREET ADDRESS 218 KITE STREET
CITY-ST-ZIP SEBRING FL 33872

☐ Delete

TITLE
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CITY-ST-ZIP

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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:

James A. Hoffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-00 863 382 2455

Date

Daytime Phone #

CR2E037 (9/99)