

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90113 032 ****61.25

DOCUMENT # N00000003086

1. Entity Name

FLORIDA MOTORGLIDER CLUB, INC.

Principal Place of Business

Mailing Address

**ZEPHYRHILLS MUNICIPAL AIRPORT
 40223 SUNPATH AVE.
 ZEPHYRHILLS FL 33540**

**ZEPHYRHILLS MUNICIPAL AIRPORT
 40223 SUNPATH AVE.
 ZEPHYRHILLS FL 33540**



DO NOT WRITE IN THIS SPACE

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

NOT APPLICABLE

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

**DODSON, JOHN M SR
 10018 OXFORD CHAPEL DR.
 TAMPA FL 33647-2870**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **SCHEURER, ROBERT L**
 CITY-ST-ZIP **2001 BRINSON ROAD, #305
 LUTZ FL 33549**

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

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **KURNSINSKY, DONALD**
 CITY-ST-ZIP **10521 HILLRISE COURT
 PORT-RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
 NAME **Donald Kursinsky**
 STREET ADDRESS
 CITY-ST-ZIP **(correction of name spelling)**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **DODSON, JOHN M SR**
 CITY-ST-ZIP **10018 OXFORD CHAPEL DRIVE
 TAMPA FL 33647**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **RODGERS, CHRISTOPHER**
 CITY-ST-ZIP **9413 ROME CIRCLE
 TAMPA FL 33612**

TITLE ☐ Change ☐ Addition
 NAME **Kris Rodgers**
 STREET ADDRESS
 CITY-ST-ZIP **(correction of name spelling)**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PATTON, BRUCE**
 CITY-ST-ZIP **23144 EMERSON WAY
 LAND O LAKES FL 34639**

TITLE ☒ Change ☐ Addition
 NAME **Bruce Patton**
 STREET ADDRESS **22947 Collridge Drive**
 CITY-ST-ZIP **Land O'lakes, FL 34639**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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)(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:

John M. Dodson, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2002 (813) 973-0749
 Date Daytime Phone #

CR2E037 (9/01)