

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

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90063 014 ****61.25

DOCUMENT # N00000003086

1. Entity Name
FLORIDA MOTORGLIDER CLUB, INC.



Principal Place of Business
**ZEPHYRHILLS MUNICIPAL AIRPORT
40223 SUNPATH AVE.
ZEPHYRHILLS FL 33540**

(Mailing Address) *Please change to*
**ZEPHYRHILLS MUNICIPAL AIRPORT
40223 SUNPATH AVE.
ZEPHYRHILLS FL 33540**

2. Principal Place of Business

3. Mailing Address
Florida Motorglider Club, Inc.

Suite, Apt. #, etc.

John Dodson, Sr. / Secretary

City & State

10018 Oxford Chapel Dr

Zip

Country

Tampa Florida

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

SIGNATURE

John M. Dodson, Sr. (John M. Dodson, Sr.) June 6, 2003

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

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

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **Robert L Scheurer**
STREET ADDRESS **2001 Brinson Road, #305**
CITY-ST-ZIP **Lutz, FL 33549**

TITLE **SD** ☐ Delete
NAME **DODSON, JOHN M SR** *No Change*
STREET ADDRESS **10018 OXFORD CHAPEL DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **TD** ☐ Delete
NAME **ROGERS, KRIS** *Change to D*
STREET ADDRESS **9413 ROME CIRCLE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **TD** ☒ Change ☐ Addition
NAME **Donald Kursinsky**
STREET ADDRESS **10521 Hillrise Court**
CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **D** ☐ Delete
NAME **PATTON, BRUCE** *Change to PD*
STREET ADDRESS **22947 COLLRIDGE DRIVE**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **D** ☒ Change ☐ Addition
NAME **Kris Rogers**
STREET ADDRESS **9413 Rome Circle**
CITY-ST-ZIP **Tampa, FL 33612**

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.* (Secretary) John M. Dodson, Sr. June 6, 2003 81597730749

CR2E037 (10/02)