

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005176**

1. Entity Name

CRYSTAL VILLAGE AIRPARK ASSOCIATION, INC.

Principal Place of Business

**5150 SPRING POND ROAD
CHIPLEY FL 32428**

Mailing Address

**5150 SPRING POND ROAD
CHIPLEY FL 32428**

2. Principal Place of Business

3. Mailing Address

5150 Spring Pond Rd
Suite, Apt. #, etc.**2982 Woody Marion Dr**
Suite, Apt. #, etc.

City & State

City & State

Chipley, FL**Chipley, FL**

Zip

Country

Zip

Country

32428**WASHINGTON****32428 8418****WASHINGTON**

4. FEI Number

59-3698982

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLBY PEEL, P.A.
1314 JACKSON AVE
CHIPLEY FL**

7. Name and Address of New Registered Agent

Name **Kenneth Rodney Adams**

Street Address (P.O. Box Number is Not Acceptable)

2982 WOODY MARION DRCity **Chipley****FL**Zip Code **32428 8418**

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

TITLE **D** ☐ Delete
NAME **PORTER, STAN**
STREET ADDRESS **846 MAIN STREET**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE **D** ☐ Delete
NAME **BIELINSKY, CHARLES R**
STREET ADDRESS **3302 S. MAIN STREET**
CITY-ST-ZIP **VERNON FL 32462**TITLE **D** ☐ Delete
NAME **LUTHER, JAMES JR**
STREET ADDRESS **5173 PANTHER TRAIL**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE **P** ☐ Delete
NAME **GARGNON, TERRY**
STREET ADDRESS **5120 AIRPARK BLVD OAD**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE **V** ☐ Delete
NAME **HIGHSMITH, MICHAEL**
STREET ADDRESS **PO BOX 9531**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32417**TITLE **ST** ☐ Delete
NAME **ADAMS, RODNEY**
STREET ADDRESS **2982 WOODY MARION DRIVE**
CITY-ST-ZIP **CHIPLEY FL 32428**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Kenneth Rodney Adams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01

Date

850 773 7380

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)