

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-26-2002 90123 024 ****61.25

DOCUMENT # N01000002729

1. Entity Name

ROYAL AVIATION FRATERNITY, INC.

Principal Place of Business

Mailing Address

8500 SOUTH U.S. HWY. 441
LEESBURG FL 34788

8500 SOUTH U.S. HWY. 441
LEESBURG FL 34788

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

59-3742503

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

SUMMERS, GARY L ESQ.
380 W. ALFRED ST.
TAVARES FL 32778-3298

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

TITLE	President	<input type="checkbox"/> Delete
NAME	George O Pringle	
STREET ADDRESS	8500 US Hwy 441	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	Vice Pres.	<input type="checkbox"/> Delete
NAME	Chuck Broadway	
STREET ADDRESS	1909 Country Club Drive	
CITY-ST-ZIP	Eustis, FL 32726-5805	
TITLE	Secy	<input type="checkbox"/> Delete
NAME	John Berry	
STREET ADDRESS	33139 Lakeshore Drive	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	Treas.	<input type="checkbox"/> Delete
NAME	William S. Battillo	
STREET ADDRESS	2801 South Bay St	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George O. Pringle 1/10/02

Date

352-365-2303

Daytime Phone #

CR2E037 (9/01)