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

Mailing Address

DOCUMENT # N0100002729

1. Entity Name

Principal Place of Business

SIGNATURE:

ROYAL AVIATION FRATERNITY, INC.



Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90174 047 ****61.25

8500 SOUTH U.S. HWY. 441 LEESBURG FL 34788				South U.S. Hwy. 441 URG FL 34788	1						
Principal Place of Business 3. N				illing Address	·						
Suite, Apt. #, etc.				uite, Apt. #, etc.			رم ج	CHECK,HERE,IF_I	MARING CHANG	ec.	
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City & State C				City & State			4. FEI Number 59-3742503 Applied For Not Applicable				- -
Zip Country Z				ip Country			5. Certificate of St	atus Desired	□ \$8.75 Fee Req	Additional uired	7
	6. Name	and Address of Current	Register	ed Agent		7. Name and Address of New Registered Agent					
380 W. A	s, gary l Lered St. Fl 32778-3			Name Street Address (P.O. Box Numbe			(P.O. Box Number is N	Not Acceptable)			
				•	C	ity			FL Zip (Code	ı
	tions of regist	violatis this statement for ered agent. or printed name of registered agent a					ered agent, or both, in	the State of Florid	a. I am familiar w	ith, and accept	
FILE NOW: FEE IS \$61.25				S. Election Campaign Fir Trust Fund Contribution		cing	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of Sta			= -	
10.		OFFICERS AND DIF	ECTORS	3	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTOR	S IN 10	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINGLE, GEORGE O			Delete TITLE NAME STREE CITY-		DRESS			☐ Chan	nge 🗌 Addition	E027 (40/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROADWAY, CHUCK 1909 COUNTRY CLUB DR EUSTIS FL 32726		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERRY, JO 33139 LAK TAVARES I	eshore dr	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	WILLIAM S		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	J			☐ Chan	ge Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUGIIO PL	VE120		□ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS		-	☐ Chan	ge 🗌 Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADI				Chan	ge Addition	_
indicated	on this repor	information supplied with tor supplemental report is e receiver or trustee empo chinent with an address	true and	accurate and that m	v signature :	shall have the	same legal effect as i	f made under oath	n; that I am an offi	icer or director	