

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91005 009 ****61.25

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DOCUMENT # N02000001307

1. Entity Name
CUYLER FIELD FLYERS, (EAA) CHAPTER 1349, INC.



Principal Place of Business Mailing Address
10969 NORTH RUNWAY CIRCLE **10969 NORTH RUNWAY CIRCLE**
GLEN SAINT MARY FL 32040 **GLEN SAINT MARY FL 32040**

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 Applied For
04-3610479 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FISH, HUGH ESQ.
34 SOUTH FIFTH STREET
MACCLENNY FL 32062

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUALLS, TERRY	
STREET ADDRESS	10969 NORTH RUNWAY CIRCLE	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LONCAREVIC, ANDY	
STREET ADDRESS	10946 SENECA LANE	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOWELL, LEONARD	
STREET ADDRESS	15908 SPEARMAN STREET	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LONCAREVIC, PREALL	
STREET ADDRESS	10946 SENECA LANE	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
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: *Andy Loncarevic* **4/26/03** **(904) 905-8391**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)