

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90078 022 \*\*\*\*61.25

**DOCUMENT # N02014**  
 1. Entity Name  
**CONDORS FLYING CLUB OF CORAL SPRINGS, INC.**

Principal Place of Business P O BOX 8891 CORAL SPRINGS FL 33065-0643	Mailing Address P.O BOX 8891 CORAL SPRINGS FL 33075-8891
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **NOT APPLICABLE**  Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**JONES, ROBERT B**  
**10305 NW 40TH COURT**  
**CORAL SPRINGS FL 33065**

**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.

SIGNATURE \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WEKSMAN, ALAN</b> <b>23419 WATER CIR</b> <b>BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, DOUG</b> <b>5000 NW 85 RD</b> <b>CORAL SPRINGS FL 33067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MANKA, LARRY</b> <b>5205 NW 54TH ST</b> <b>COCONUT CREEK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNSTEIN, STAN</b> <b>23471 WATER CIR</b> <b>BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BUKATY, TOM</b> <b>3195 NW 114TH LANE</b> <b>CORAL SPRINGS FL 33065</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JONES, ROBERT B</b> <b>10305 NW 40 CT</b> <b>CORAL SPRINGS FL 33065</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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** 3/10/2000 (951) 428-8070  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)