

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91445 026 ****61.25

DOCUMENT # N02014

1. Entity Name

CONDORS R/C FLYING CLUB, INC.



Principal Place of Business

P O BOX 8891
CORAL SPRINGS FL 33065-0643

Mailing Address

P O BOX 8891
CORAL SPRINGS FL 33065-0643

40010723



☐ CHECK HERE IF MAKING CHANGES

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 **NOT APPLICABLE**

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

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME YABUN, DAVID
STREET ADDRESS 6931 NW 62 TERRACE
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME SMITH, DOUG
STREET ADDRESS 5000 NW 85 RD
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ Change ☒ Addition
NAME DAW SHARP
STREET ADDRESS 1955 S PALM AVE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Delete
NAME MANKA, LARRY
STREET ADDRESS 5205 NW 54TH ST
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ACUTI, ALEX
STREET ADDRESS 8204 SW 11TH CT
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME HUNGER, ERROL
STREET ADDRESS 7461 NW 37TH ST
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Change ☒ Addition
NAME D. Ad...
STREET ADDRESS 830 NW 57 CT
CITY-ST-ZIP FT LAUDERDALE, FL 33327

TITLE ☒ Delete
NAME RICE, PAUL
STREET ADDRESS 5255 PINE MEADOWS ROAD
CITY-ST-ZIP LAKE WORTH FL 33413

TITLE ☐ Change ☒ Addition
NAME ED WEST
STREET ADDRESS 7905 NW 73 TRL
CITY-ST-ZIP TAMPA, FL 33221

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

4/29/03

954-718-1145

CR2E037 (10/02)