

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90090 017 *****61.25

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DOCUMENT # N06059

1. Entity Name

WINGS OF EAGLES FLYING CLUB, INC.

Principal Place of Business

MILLION AIR ORLANDO, INC.
 100 JETT AIRE COURT
 SANFORD FL 32773
 US

Mailing Address

WINS OF EAGLES FLYING CLUB INC
 P O BOX 2342
 SANFORD FL 32772-342
 US

D0030034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Executive Air Center

3. Mailing Address

Post Office Box 140231

Suite, Apt. #, etc.

137 Crystal Lake Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32814

Country

USA

Zip

32814

Country

USA

4. FEI Number

59-2559612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUTCHER, GERALD E
830 GEORGIA AVENUE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **Dale M. Jahn**

Street Address (P.O. Box Number is Not Acceptable)

27 Pied Court

City **Orlando**

FL

Zip Code

32828

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/01

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 **SD** ☒ Delete
 NAME **SCHEFF, BRUCE E**
 STREET ADDRESS **148 NORTH ROAD**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☒ Delete
 NAME **PROUTEY, DONALD**
 STREET ADDRESS **501 MADRIAL COURT**
 CITY-ST-ZIP **ORLANDO FL 32825-3349**

TITLE **D** ☐ Delete
 NAME **JAHN, DALE**
 STREET ADDRESS **27 PIED COURT**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **PD** ☒ Delete
 NAME **DUTCHER, GERALD E**
 STREET ADDRESS **830 GEORGIA AVENUE**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ Delete
 NAME **LITZKE, JERRY**
 STREET ADDRESS **1915 CENTER DRIVE**
 CITY-ST-ZIP **CASSELBERRY FL 32707-4103**

TITLE **TD** ☒ Delete
 NAME **DUTCHER, KATHLEEN**
 STREET ADDRESS **830 GEORGIA AVENUE**
 CITY-ST-ZIP **LONGWOOD FL 32750**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~XXXXXXXXXX~~ ☐ Change ☒ Addition
 NAME ~~XXXXXXXXXX~~
 STREET ADDRESS ~~XXXXXXXXXX~~
 CITY-ST-ZIP ~~XXXXXXXXXX~~

TITLE **SD** ☐ Change ☒ Addition
 NAME **MICHAEL FARINACCI**
 STREET ADDRESS **637 WILDFLOWER CT.**
 CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D** ☐ Change ☒ Addition
 NAME **FRANK MCCARRON**
 STREET ADDRESS **157 SHERIDAN AVE.**
 CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D** ☐ Change ☒ Addition
 NAME **KEN ROBERTSON**
 STREET ADDRESS **178 MOONBEAM ROAD**
 CITY-ST-ZIP **APOLKA, FL 32712**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

Daytime Phone #

CR2E037 (10/00)