

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90124 020 \*\*\*\*61.25

**DOCUMENT # N06059**

1. Entity Name

**WINGS OF EAGLES FLYING CLUB, INC.**

Principal Place of Business

Mailing Address

**EXECUTIVE AIR CENTER  
137 CRYSTAL LAKE DR.  
ORLANDO FL 32814  
US**

**WINGS OF EAGLES FLYING CLUB INC  
P O BOX 140231  
ORLANDO FL 32814  
US**

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

**59-2559612**

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

**JAHN, DALE M  
27 PIED COURT  
ORLANDO FL 32828**

Name **LIGHTSEY, MAX P.**

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

**1156 NEW CASTLE COURT**

City **OVIEDO, FL**

**FL**

Zip Code

**32765**

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 **MAX P. LIGHTSEY**  
*Max P. Lightsey*

**2/4/02**

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **T** ☐ Change ☒ Addition  
NAME **LIGHTSEY, MAX P.**  
STREET ADDRESS **1156 NEW CASTLE COURT**  
CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **MARSZAL, JOE F.**  
STREET ADDRESS **3025 NICHOLSON DRIVE**  
CITY-ST-ZIP **WINTERPARK, FL 32792**

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **JAHN, DALE**  
STREET ADDRESS **1726 BILWINGSHURST COURT.**  
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **D** ☐ Delete  
NAME **ROBERTSON, KEN**  
STREET ADDRESS **178 MOONBEAM ROAD**  
CITY-ST-ZIP **APOKA FL 32712**

TITLE **D** ☐ Change ☒ Addition  
NAME **STONE, LOUIS E.**  
STREET ADDRESS **902 SWEETBRIER ROAD**  
CITY-ST-ZIP **ORLANDO, FL 32806**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **JOHNWICK, ROBERT L.**  
STREET ADDRESS **511 HICKORYWOOD AVENUE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBERTSON, KENNETH J.**  
STREET ADDRESS **178 MOONBEAM ROAD**  
CITY-ST-ZIP **APOKA, FL 32712-3550**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAX P. LIGHTSEY**

**2/4/02 407/237-3356**

Date Daytime Phone #

CR2E037 (9/01)