

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N11932**

1. Entity Name

THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED

Principal Place of Business

**P O BOX 572
LECANTO FL 34460-0572
US**

Mailing Address

**3913 EAST ALLENDALE STREET
INVERNESS FL 34453-0487
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

59-2643904

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

**HUGHES, VENITA
3913 EAST ALLENDALE STREET
INVERNESS FL 34453-0487**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	P	<input type="checkbox"/> Delete
NAME	ROGALLA, EDWARD	
STREET ADDRESS	5740 S CALGARY	
CITY-ST-ZIP	INVERNESS FL 34452	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	TEAGUE, CARROLL J	
STREET ADDRESS	715 NE 13 TR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	STEFFEN, BARBARA	
STREET ADDRESS	6577 E HAMPTON LN	
CITY-ST-ZIP	INVERNESS FL 34452	

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

TITLE	T	<input type="checkbox"/> Delete
NAME	HUGHES, VENITA M	
STREET ADDRESS	3913 E ALLENDALE ST	
CITY-ST-ZIP	INVERNESS FL	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HORTON, HARRY	
STREET ADDRESS	315 E REEHILL ST	
CITY-ST-ZIP	LECANTO FL 34461	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, HILDA	
STREET ADDRESS	8061 N GOLFVIEW DR	
CITY-ST-ZIP	CITRUS SPRINGS FL	

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:

SIGNATURE REQUIRED**4/15/02 (352) 726-0535**

Date

Daytime Phone #

CR2E037 (9/01)