## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N12906 1. Entity Name

## SEMINOLE AVIATION ASSOCIATION, INC.

## **FILED** Jan 27, 2000 8:00 am Secretary of State 01-27-2000 90053 035 \*\*\*\*61.25

Principal Place of Business	Mailing Address						
6908 SUMMERBRIDGE DRIVE TAMPA FL 33634-2255 US	6908 SUMMERBRIDGE DRIVE TAMPA FL 33634-2255 US		14860818	D001041	<b>5</b>	III <b>838</b> 11 2 <b>88</b> 1	
2. Principal Place of Business	3. Mailing Address	<del></del>				))	
5610 Kenny Drive	5610 Kenn	, Drive	.	81 (1812 (1919 1914) BSKIR 9411 91911 BYRIA	AISH BIGIL BID	)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE		
	03.000					uniford For	
Tampa FL	City & State Tampa	FL	4. FEI Number	NOT APPLICABLE	<u> </u>	plied For t Applicable	
33617 Country	33617	Country	5. Certificate o		8.75 Add		
6. Name and Address of Current		<u>الر</u>	7. Name and A	Address of New Registered A	•		
		Name			<u></u>		
NCI NICKEY TOM			Address (P.O. Box Number is Not Acceptable)				
MCLINSKEY, TOM 5610 KENNY DRIVE							
TAMPA FL 33617							
		City		FL	Zip Code	е	
8. The above named entity submits this statement f	or the ourpose of changing its	registered office or re	egistered agent, or both				
知题 CEA (自含性 AP	or the perpose of endinging he .	og.o.o.o.o.o.o.		, man state et a sone			
ECC. F						)	
SIGNATURE Signature typed or printed name of registered agen	t and title if applicable (NOTE:	Registered Agent signature	required when reinstating)	DATE			
Signature, typed or printed name of registered agen	The tipe in application.						
FILE NOW:	9. Election Campaign	Financino	CE 00	Make Check P	avahla ta	. ]	
FEE IS \$61.25	Trust Fund Contribu	~ —	\$5.00 May Be Added to Fees	Department	•	'	
			Added to 1 cos	Depai (mem			
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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