

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12906

1. Entity Name

SEMINOLE AVIATION ASSOCIATION, INC.

Principal Place of Business

6908 SUMMERBRIDGE DRIVE
TAMPA FL 33634-2255
US

Mailing Address

6908 SUMMERBRIDGE DRIVE
TAMPA FL 33634-2255
US

2. Principal Place of Business

5610 Kenny Drive
Suite, Apt. #, etc.

3. Mailing Address

5610 Kenny Drive
Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33617

Country

USA

City & State

Tampa FL

Zip

33617

Country

USA

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

MCLINSKEY, TOM
5610 KENNY DRIVE
TAMPA FL 33617

7. Name and Address of New Registered Agent

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 \$61.25

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	TDS	<input type="checkbox"/> Delete
NAME	MCKINSLEY, TOM	
STREET ADDRESS	5610 KENNY DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKAY, HARRY	
STREET ADDRESS	8412 TUPELO DRIVE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKINSKEY, TOM	
STREET ADDRESS	5610 KENNY DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSMA, D	
STREET ADDRESS	3110 LK ELLEN DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNAPP, R	
STREET ADDRESS	12350 THONOTTOSASSA RD	
CITY-ST-ZIP	THONOTOSASSA FL 33572	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLT, L	
STREET ADDRESS	3880 CENTENNIAL RD	
CITY-ST-ZIP	DADE CITY FL 33525	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	steel Olmstead		
STREET ADDRESS	9708 Cypress Shadow Ave		
CITY-ST-ZIP	Tampa FL 33647		