2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am **DOCUMENT # N12906 Secretary of State** 1. Entity Name SEMINOLE AVIATION ASSOCIATION, INC. 03-02-2001 90103 038 ****61.25 Principal Place of Business Mailing Address 5610 KENNY DRIVE 5610 KENNY DRIVE **TAMPA FL 33617 TAMPA FL 33617** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCLINSKEY, TOM 5610 KENNY DRIVE TAMPA FL 33617 City Zip Code FI 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, agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Treasury Director Scaretary & Change (10/00) TDS TITLE ☐ Delete TITLE Addition McLinskey, Thomas 6610 Kenny Brive Thomas MCKINSLEY, TOM NAME NAME STREET ADDRESS 5610 KENNY DRIVE STREET ADDRESS CR2E037 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33617 Tampa Vie President Délete TITLE PD TITLE Change Addition mckay Harr MCKAY, HARRY NAME NAME TUPELO Drive STREET ADDRESS STREET ADDRESS 8412 TUPELO DRIVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33637** MPR Delete TITLE ☐ Addition TITLE Thomas P. MCKINSKEY, TOM NAME 5610 Kenny STREET ADDRESS 5610 KENNY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TOMPAC **TAMPA FL 33617** President Directer ☐ Delete TITLE **C**hange Addition TITLE Hansma, DAVID 3110 LK Ellen DR NAME HANSMA, D NAME STREET ADDRESS 3110 LK ELLEN DR STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP FL 33617 **TAMPA FL 33618** TITLE ☐ Change Addition TITLE D ☐ Delete KNAPP, R NAME NAME STREET ADDRESS STREET ADDRESS 12350 THONOTTOSASSA RD CITY-ST-ZIP CITY-ST-ZIE THONOTOSASSA FL 33572 Delete TITLE TITLE Change Addition OLMSTEAD, STEEL NAME NAME STREET ADDRESS STREET ADDRESS 9708 CYPRESS SHADOW AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647

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

FILED