2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2002 8:00 am § Secretary of State chest 498 **DOCUMENT # N12906** \$61.25 1. Entity Name 02-14-2002 90071 001 ****61.25 SEMINOLE AVIATION ASSOCIATION, INC. Principal Place of Business Mailing Address 5610 KENNY DRIVE 5610 KENNY DRIVE TAMPA: FL 33617 **TAMPA FL 33617** us' IIS 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 Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired...... 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 FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TDS TITLE ☐ Delete TITI F ■ Addition MCKINSLEY, THOMAS P NAME NAME STREET ADDRESS 5610 KENNY DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP **VPD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCKAY, HARRY NAME NAME STREET ADDRESS 8412 TUPELO DRIVE STREET ADDRESS TITLE ☐ Delete TITLE Change ☐ Addition HANSMA, DAVID NAME NAME STREET ADDRESS 3110 LK ELLEN DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33618 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KNAPP, R NAME NAME 12350 THONOTTOSASSA RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP THONOTOSASSA FL 33572 CITY-ST-ZIP ☐ Delete Change Addition OLMSTEAD, STEEL STREET ADDRESS 9708 CYPRESS SHADOW AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 the corporation of the receiver or trustee empowered. measury.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP