

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15108

1. Entity Name

NORTH FLORIDA CHARITY AIR SHOW, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90039 024 ****61.25

Principal Place of Business

RT. 19 BOX 1030
LAKE CITY FL 32025

Mailing Address

RT. 19 BOX 1030
LAKE CITY FL 32025-8703

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 **59-2894019**

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

LEE, MICHAEL
RT. 19 BOX 1030
LAKE CITY FL 32025

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

3-2-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DOUGLAS, VERNON
STREET ADDRESS 725 E. PUTNAM ST.
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE Director
NAME Douglas, Vernon
STREET ADDRESS P.O. Box 2075
CITY-ST-ZIP Lake City FL 32056 ☒ Change ☐ Addition

TITLE VD
NAME DOUGLAS, MARSHALL
STREET ADDRESS 86 N. 5TH ST.
CITY-ST-ZIP LAKE CITY FL 32025 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME NULL, MIKE
STREET ADDRESS 528 W. DUVAL ST.
CITY-ST-ZIP LAKE CITY FL ☐ Delete

TITLE Vice President Director
NAME null mike
STREET ADDRESS 528 W. Duval St
CITY-ST-ZIP Lake City FL 32055 ☒ Change ☐ Addition

TITLE TD
NAME LEE, MIKE
STREET ADDRESS RT. 19 BOX 1030
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME Leslie, Gene
STREET ADDRESS PO Box 1687
CITY-ST-ZIP Lake City FL 32056 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/2000 904-752-1822
Date Daytime Phone # Ext. 1201

CR2E037 (9/99)