

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90118 033 \*\*\*\*61.25

**DOCUMENT # N15108**

1. Entity Name

**NORTH FLORIDA CHARITY AIR SHOW, INC.**

Principal Place of Business

Mailing Address

RT. 19 BOX 1030  
LAKE CITY FL 32025

RT. 19 BOX 1030  
LAKE CITY FL 32025

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

**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 **D** ☐ Delete  
NAME **DOUGLAS, VERNON**  
STREET ADDRESS **PO BOX 2075**  
CITY-ST-ZIP **LAKE CITY FL 32056**

TITLE **D** ☐ Change ☒ Addition  
NAME **Kennedy, Don**  
STREET ADDRESS **P.O. Drawer 1209**  
CITY-ST-ZIP **Lake City, FL 32056-1209**

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

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

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

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

TITLE **PD** ☐ Delete  
NAME **LESLIE, GENE**  
STREET ADDRESS **PO BOX 1687**  
CITY-ST-ZIP **LAKE CITY FL 32086**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 of Michael Lee, Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **01-18-01** Daytime Phone # **904-752-1822**

CR2E037 (10/00)