

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15108

1. Entity Name

NORTH FLORIDA CHARITY AIR SHOW, INC.

Principal Place of Business

RT. 19 BOX 1030
LAKE CITY FL 32025

Mailing Address

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, VERNON	
STREET ADDRESS	PO BOX 2075	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NOLL, MIKE	
STREET ADDRESS	528 W. DUVAL ST.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEE, MIKE	
STREET ADDRESS	RT. 19 BOX 1030	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LESLIE, GENE	
STREET ADDRESS	PO BOX 1687	
CITY-ST-ZIP	LAKE CITY FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, DON	
STREET ADDRESS	PO DRAWER 1209	
CITY-ST-ZIP	LAKE CITY FL 32056-1209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90048 027 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)