

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90094 007 ****61.25

DOCUMENT # N23273

1. Entity Name

PALATKA SUN FLYERS R/C CLUB, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 650
HOLLISTER FL 32147

POST OFFICE BOX 650
HOLLISTER FL 32147

2. Principal Place of Business

102 CARRIAGE TERRACE

3. Mailing Address

102 CARRIAGE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA, FL

City & State

PALATKA, FL

4. FEI Number

59-2880289

Applied For

Not Applicable

Zip

32177

Country

USA

Zip

32177

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANSON, RICHARD A
107 GLORIA DRIVE
H
HOLLISTER FL 32147

7. Name and Address of New Registered Agent

Name **F. ARLIN BREWER**

Street Address (P.O. Box Number is Not Acceptable)
102 CARRIAGE TERRACE

City **PALATKA**

FL

Zip Code
32177

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

F. Arlin Brewer

PRESIDENT

8-26-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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** ☒ Delete
NAME **GINTERT, CHUCK**
STREET ADDRESS **HCR1 BOX 516**
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **PD** ☒ Change ☐ Addition
NAME **F. ARLIN BREWER**
STREET ADDRESS **102 CARRIAGE TERRACE**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **VPD** ☒ Delete
NAME **COX, CHAUNCEY**
STREET ADDRESS **99910 EBERT AVE**
CITY-ST-ZIP **HASTINGS FL 32145**

TITLE **VPD** ☒ Change ☐ Addition
NAME **LEE, DIVER**
STREET ADDRESS **141 KAREN COURT**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **TD** ☐ Delete
NAME **MANSON, RICHARD**
STREET ADDRESS **107 GLORIA DRIVE**
CITY-ST-ZIP **HOLLISTER FL**

TITLE **TD** ☐ Change ☐ Addition
NAME **MANSON, RICHARD A**
STREET ADDRESS **107 GLORIA DR.**
CITY-ST-ZIP **HOLLISTER FL 32147**

TITLE **SD** ☒ Delete
NAME **MANSON, RICHARD A**
STREET ADDRESS **107 GLORIA DR.**
CITY-ST-ZIP **HOLLISTER FL 32147**

TITLE **S** ☒ Change ☐ Addition
NAME **JEAN BREWER**
STREET ADDRESS **102 CARRIAGE TERRACE**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Delete
NAME **MANSON, RICHARD A**
STREET ADDRESS **107 GLORIA DR.**
CITY-ST-ZIP **HOLLISTER FL 32147**

TITLE ☐ Change ☐ Addition
NAME **MANSON, RICHARD A**
STREET ADDRESS **107 GLORIA DR.**
CITY-ST-ZIP **HOLLISTER FL 32147**

TITLE ☐ Delete
NAME **MANSON, RICHARD A**
STREET ADDRESS **107 GLORIA DR.**
CITY-ST-ZIP **HOLLISTER FL 32147**

TITLE ☐ Change ☐ Addition
NAME **MANSON, RICHARD A**
STREET ADDRESS **107 GLORIA DR.**
CITY-ST-ZIP **HOLLISTER FL 32147**

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:

F. Arlin Brewer

8-26-02 (386) 328-4951

CR2E037 (4/02)

Attachment
#1623273

978243

Please send a form to amend corporation name. Please send to:

Sunflyers RC Club/D.B.A. River City Areomodelers

F. Arlin Brewer, president
102 Carriage Terrace
Palatka, Florida 32177