

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27143

1. Entity Name

ORANGE COUNTY AIRBOAT ASSOCIATION INC. ✓

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90123 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

405 S Camellia Ave  
CRYSTAL RIVER FLA  
34429

405 S Camellia Ave  
CRYSTAL RIVER FLA  
34429

AUG12703

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

59-2869922

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARD BRUCE  
1960 ALADDIN CT  
ST CLOUD FLA 34771

Name

BILL JOHNS

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

405 S Camellia Ave

CRYSTAL RIVER FLA

City

FL

Zip Code

34429

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

Bill Johns President

3-30-01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Bill Johns  
405 S Camellia Ave  
CRYSTAL RIVER FLA 34429

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Bruce A Ward  
1960 Aladdin Ct  
ST CLOUD FLA 34771

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ART DAVIS  
225 Lake Markham Rd  
SANFORD FLA 32771

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Glen Brown  
7536 S Bobcat Pt  
FLORAL CITY FLA 34436

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Earl Clore  
8819 E Greenock Dr  
INVERNESS FLA 34450

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Justin Houghton  
1062 Seminole Rd  
OSTEEN FLA 32764

☐ 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:

Bill Johns  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01

Date

Daytime Phone #

352-795-4524

CR2E037 (11/00)