

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90053 014 \*\*\*\*61.25

DOCUMENT # N27143

1. Entity Name

ORANGE COUNTY AIRBOAT ASSOCIATION, INC.

Principal Place of Business

405 S CAMELLIA AVENUE  
CRYSTAL RIVER FL 34429

Mailing Address

405 S CAMELLIA AVENUE  
CRYSTAL RIVER FL 34429

2. Principal Place of Business

225 LAKE Markham Rd.

Suite, Apt. #, etc.

3. Mailing Address

225 Lake Markham Rd.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

59-2869922

Applied For

Not Applicable

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNS, BILL  
405 S CAMELLIA AVENUE  
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name  
ART DAVIS

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

225 LAKE Markham Rd.

City  
Sanford

FL

Zip Code  
32771

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

Art Davis Art Davis President

4-14-02

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 NAME	P JOHNS, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	405 S CAMELLIA AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE NAME	D WARD, BRUCE A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1980 ALADDIN CT.	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE NAME	D DAVIS, ART	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	225 LAKE MARKHAM RD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE NAME	D BROWN, GLEN	<input type="checkbox"/> Delete
STREET ADDRESS	7536 S BOBCAT PT	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE NAME	P CLORE, EARL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8819 E GREENOCK DR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE NAME	D HOUGHTON, JUSTIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1062 SEMINOLE RD	
CITY-ST-ZIP	OSTEEN FL 32764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P ART DAVIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	225 LAKE MARKHAM RD	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE NAME	V EARL CLORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8819 E. Greenock Dr.	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE NAME	T DOT JOHNS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	405 S. CAMELLIA AVE.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE NAME	S PAT DAVIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	225 LAKE MARKHAM RD.	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE NAME	D BILL JOHNS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	405 S. CAMELLIA AVE.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE NAME	D ROBERT PARKINSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	409 N. Hawthorne Circle	
CITY-ST-ZIP	Winter Springs, FL 32708	

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

Art Davis 4/14/02 407-322-8414

Date

Daytime Phone #

CR2E037 (9/01)

354/38

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attach #N27143

D.

(ADDITION)

Bob Potts

5035 FISHTAIL PALM AVE.

COCOA, FL 32729

D.

Bob Scroggin

(ADDITION)

10500 N.E. 12<sup>th</sup> LANE

OKeechobee, FL. 34974

D.

Chuck Watson

(ADDITION)

5595 Barna AVENUE

Titusville, FL. 32780