

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90140 042 ****61.25

DOCUMENT # N27143

1. Entity Name

ORANGE COUNTY AIRBOAT ASSOCIATION, INC.



Principal Place of Business

**225 LAKE MARKHAM RD.
SANFORD FL 32771**

Mailing Address

**225 LAKE MARKHAM RD.
SANFORD FL 32771**

2. Principal Place of Business

5040 S. Kris Pt.

3. Mailing Address

5040 S. Kris Pt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homosassa, FL.

City & State

Homosassa, FL.

Zip

34446

Country

U.S.A.

Zip

34446

Country

U.S.A.

6. Name and Address of Current Registered Agent

DAVIS, ART

**225 LAKE MARKHAM RD.
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

Bruce Haag

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

5040 S. Kris Pt.

City

Homosassa

FL

Zip Code

34446

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

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

BRUCE R. HAAG President

4-20-03

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, BILL	
STREET ADDRESS	405 S CAMELLIA AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKINSON, ROBERT	
STREET ADDRESS	409 N HAWTHORNE CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ART	
STREET ADDRESS	225 LAKE MARKHAM RD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, GLEN	
STREET ADDRESS	7536 S BOBCAT PT	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CLORE, EARL	
STREET ADDRESS	8819 E GREENOCK DR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNS, DOT	
STREET ADDRESS	405 S. CAMELLIA AVE.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Haag	
STREET ADDRESS	5040 S. Kris Pt.	
CITY-ST-ZIP	Homosassa, FL. 34446	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Raymond	
STREET ADDRESS	8644 N. Ural Pt.	
CITY-ST-ZIP	Dunnellon, FL. 34443	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Haag	
STREET ADDRESS	5040 S. Kris Pt.	
CITY-ST-ZIP	Homosassa, FL. 34446	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Art Davis	
STREET ADDRESS	225 Lake Markham Rd.	
CITY-ST-ZIP	Sanford, FL. 32771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl Clore	
STREET ADDRESS	8819 E. Greenock Dr.	
CITY-ST-ZIP	Inverness, FL. 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Potts	
STREET ADDRESS	5035 Fishtail Palm Av.	
CITY-ST-ZIP	Cocoa, FL. 32729	

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]
Signature, typed or printed name of signing officer or director.

4-20-03

352-628-0001

CR2E037 (10/02)

Attachment
90148709
N27143

Title

D.

Name

Don Pierce

(Addition)

Add.

19100 C.R. 33

Groveland, FL. 34736