

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90467 005 ****61.25

DOCUMENT # N40121

1. Entity Name

MARINE CORPS AVIATION RECONNAISSANCE ASSOCIATION

Principal Place of Business

4687 ASPEN LANE
 TAYLORSVILLE UT 84123
 US

Mailing Address

4687 ASPEN LANE
 TAYLORSVILLE UT 84123
 US

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 **81-1212888**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRITSCHI, GEORGE W.
243 DANIELS ROAD
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

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 **SD** ☒ Delete
 NAME **O'BRIEN, JERRY T**
 STREET ADDRESS **1303 N VISTA PL**
 CITY-ST-ZIP **ANAHEIM CA 92805-1338**

TITLE **TD** ☐ Delete
 NAME **GORDON, WILLIAM H.**
 STREET ADDRESS **4687 ASPEN LANE**
 CITY-ST-ZIP **TAYLORSVILLE UT 84123**

TITLE **VD** ☐ Delete
 NAME **DOYLE, JIM**
 STREET ADDRESS **1845 EDEN WAY**
 CITY-ST-ZIP **VIRGINIA BCH VA 23454**

TITLE **D** ☐ Delete
 NAME **CONROY, MICKEY R.**
 STREET ADDRESS **2520 N. LINWOOD AVE.**
 CITY-ST-ZIP **SANTA ANA CA**

TITLE **D** ☒ Delete
 NAME **SMITH, JAMES T.**
 STREET ADDRESS **9904 ACADEMY KNOLLS N.E.**
 CITY-ST-ZIP **ALBUQUERQUE NM**

TITLE **PDC** ☐ Delete
 NAME **BLOOMER, WILLIAM A**
 STREET ADDRESS **9203 CROSS OAKS CT.**
 CITY-ST-ZIP **FAIRFAX STATION VA**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **YD** ☐ Change ☒ Addition
 NAME **MELCHER, PAUL**
 STREET ADDRESS **136 LAND OF LAKE CIRCLE**
 CITY-ST-ZIP **LEXINGTON SC 29073**

TITLE **STD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PDC** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
 NAME **DEATON, JACK**
 STREET ADDRESS **210 FOREST HILL**
 CITY-ST-ZIP **HAYESOCK NC 28532**

TITLE **D** ☒ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2001

801 261-4011

Date

Daytime Phone #

CR2E037 (10/00)