

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43609

1. Entity Name

EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 90, INC

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90263 035 ****61.25

Principal Place of Business

1361 ACRES DR
APOPKA FL 32703
US

Mailing Address

1361 ACRES DR
APOPKA FL 32703
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

59-3069979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, BILL
1361 ACRES DR
APOPKA FL 32703

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WILLIAMSON, WILLIAM H
1361 ACRES DR
APOPKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LICKTEIG, KEITH
1276 W LANGLEY CT
HEATHROW FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LICKTEIG, KEITH
1276 W LANGLEY CT
HEATHROW FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WILLIAMSON, BILL
1361 ACRES DR
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

4-12-01

Date

Daytime Phone #

352-589-9198

CR2E037 (10/00)