2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

FILED DOCUMENT # N43818 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name FLAGLER -PALM COAST AMATEUR RADIO CLUB INC. CA #158 04-21-2000 90182 039 ****70.00 Mailing Address Principal_IPlace of Business P.O. BOX 353282 N/A 3000 PALM COAST PKWAY PALM COAST FL 32135-3282 DBCC CAMPUS PALM COAST FL 32137 .2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3004188 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LICCARDO, JOHN 629 RIVERVIEW RD FLGLER FL 32136 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition DP TITLE TITLE ☐ Delete MUSIKAR, JAY NAME NAME STREET ADDRESS STREET ADDRESS 21 FERNMILL LN CITY-ST-ZIP CITY-ST-7IP PALM COAST FL 32136 Change ☐ Addition VPD TITLE TITLE Delete CHARLES DE POALO MARESCO, FRED NAME NAME STREET ADDRESS STREET ADDRESS 10 BLAKEPORT LN PALM COAST, FL CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 DŤ Delete TITLE TITLE LICCARDO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 629 RIVERVIEW RD CITY-ST-ZIP CITY-ST-ZIP FLGLER FL **Change** ☐ Addition D/S ☐ Delete TITI F TITLE PICKERING, BOB NAME NAME STREET ADDRESS 286 WELLINGTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32164 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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