

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49046

1. Entity Name

NIMROD AIRCRAFT MUSEUM, INC.

Principal Place of Business

445 W. DAVIS BLVD
TAMPA FL 33606
US

Mailing Address

445 W. DAVIS BLVD
TAMPA FL 33606
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SILBERMAN, JOHN
445 W. DAVIS BLVD
TAMPA FL 33606

4. FEI Number

59-3125872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 D ☐ Delete
NAME SILBERMAN, JOHN
STREET ADDRESS 445 W. DAVIS BLVD
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME YOUNG, SUSAN M
STREET ADDRESS 3303 EMPEDRADO AVE #2
CITY-ST-ZIP TAMPA FL

TITLE D ☒ Delete
NAME ALLEN, DIANA M
STREET ADDRESS 9829 MORRIS BRIDGE RD.
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME STACY GANDY
STREET ADDRESS 24265 Mendenhall Rd
CITY-ST-ZIP BROOKSVILLE, FL 34601

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

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

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TITLE ☐ 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:

Stacy Gandy (Stacy Gandy)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

813-839-0801

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE