

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49046

1. Entity Name

NIMROD AIRCRAFT MUSEUM, INC.

Principal Place of Business

Mailing Address

~~445 W. DAVIS BLVD~~  
~~TAMPA FL 33606~~  
US

~~445 W. DAVIS BLVD~~  
~~TAMPA FL 33606~~  
US

2. Principal Place of Business

22296 NW 75 Ave Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Micanopy, FL

City & State

Zip

Country

32667

Zip

Country

4. FEI Number

59-3125872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILBERMAN, JOHN  
445 W. DAVIS BLVD  
TAMPA FL 33606

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EANDY, STACY  
CITY-ST-ZIP 24265 MONDON HILL RD  
BROOKSVILLE FL 34601

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02

352-591-2993

Date

Daytime Phone #

CR2E037 (9/01)

0055543



DO NOT WRITE IN THIS SPACE