

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90537 046 ****61.25

DOCUMENT # N49046

1. Entity Name

NIMROD AIRCRAFT MUSEUM, INC.



Principal Place of Business

**22296 NW 75 AVE RD
MICANOPY FL 32667
US**

Mailing Address

**22296 NW 75 AVE RD
MICANOPY FL 32667
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 **59-3125872**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SILBERMAN, JOHN
445 W. DAVIS BLVD
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

SILBERMAN, JOHN

Street Address (P.O. Box Number is Not Acceptable)

22296 NW 75TH AVE. RD.

City

MICANOPY

FL

Zip Code

32667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Silberman

JOHN SILBERMAN

1-14-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SILBERMAN, JOHN**
STREET ADDRESS **445 W. DAVID 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 **EANDY, STACY**
STREET ADDRESS **24265 MONDON HILL RD**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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 **P/D** ☒ Change ☐ Addition
NAME **SILBERMAN, JOHN**
STREET ADDRESS **22296 NW 75TH AVE RD**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE **V/D** ☒ Change ☐ Addition
NAME **SILBERMAN, SUSAN**
STREET ADDRESS **22296 NW 75TH AVE RD**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE **D** ☒ Change ☐ Addition
NAME **GANDY, STACY**
STREET ADDRESS **24265 MONDON HILL ROAD**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

John Silberman **SILBERMAN**

1-14-03

352-591-2993

CR2E037 (10/02)