# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 13, 2002 8:00 am**
**Secretary of State**
03-13-2002 90035 025 ****61.25

DOCUMENT # N50511

1. Entity Name

FLAGLER MODEL RAILROAD CLUB INC.

612 N. STATE ST. (US-1) BUNNELL, FL. 32110

| Principal Place of Business | Mailing Address |
|---|---|
| ~~49 WATERS DR~~ Delete<br>~~PALM COAST FL 32164~~<br>~~US~~ | ~~PO BOX 351672~~<br>~~PALM COAST FL 32135-1672~~ Delete<br>~~US~~ |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 612 N. STATE ST. | P.O. BOX 1011 |
| ~~Suite, Apt. #, etc.~~ | Suite, Apt. #, etc. |
| BUNNELL, FL. | BUNNELL, FL. |
| City & State | City & State |
| Zip 32110 Country | Zip 32110 Country |

4. FEI Number 59-3149196 ☐ 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 |
|---|---|
| ~~MAYER, WARREN~~<br>~~49 WATERS DR~~<br>~~PALM COAST FL 32164~~<br>DELETE → | Name ARCHIE MAHLER<br>Street Address (P.O. Box Number is Not Acceptable) 1710 N. CENTRAL AVE.<br>City FLAGLER BEACH, FL Zip Code 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.

SIGNATURE [signature] 1-19-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZAMBA, AL<br>1900 S PALMETTO<br>FLAGLER BEACH FL 32136 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~DT~~<br>~~MARTINO, KEITH A~~<br>~~604 SHEARWOOD DR~~<br>~~FLAGLER BEACH FL 32136~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SINGLE, JULIUS<br>10 FAIRWAY CIR<br>PALM COAST FL 32137 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~REHME, ARTHUR~~<br>~~88 WHITTINGTON~~<br>~~PALM COAST FL 32164~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>WARREN MAYER<br>49 WATERS DR.<br>PALM COAST, FL 32164<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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] KEITH A. MARTINO TREASURER 1-19-02 (386) 439-5049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #