2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002689

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90016 033 ****61.25

1. Entity Name

EAA CHAPTER 1067, INC.

Principal Place of Business	Mailing Address
350 5TH AVE. SOUTH. SUITE 200 NAPLES FL 33940	350 5TH AVE. SOUTH. SUITE 200 NAPLES FL 34102-6524

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
160 AVIATION DRIVE Suite, Apt. #, etc.	160 AVIATION DRIVE Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. FEI Number: 65-0541825 ☐ 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
AMATO, LOUIS X ESQ. 350 5TH AVE. SOUTH, SUITE 200 NAPLES FL 34102	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD QUIGLEY, JIM 186 NORTH ST NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYNN DAFFRON 1854 HARBOR LANE NAPLES FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCDANIEL, FRED 698 PINE VALE DR NAPLES FL 33942	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TED BROUSSEAU 1450 JEWEL BOX AVE. NAPLES FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JANSEN, JENS 1055 LASTRADA LANE NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOUG MACALLISTER 3690 27th AVE. SW NAPLES FL 34117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOUIS X. AMATO 350 5TH AVE. SOUTH NAPLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARB KEIL 4481 BEECHWOOD LAKE DR. NAPLES FL 34112	☐ 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 (9/99)

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: Lynn Daffron President 4-19-00 941-774-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #