2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90006 040 ****61.25

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DOCUMENT # N94000002689

1. Entity Name

EAA CHAPTER 1067, INC.

Principal Place of Business	Mailing Address
160 AVIATION DRIVE NAPLES FL 34104	160 AVIATION DRIVE NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

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 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 BROUSSEAU, TED. 1450 JEWEL BOX AVE NAPLES FL 34102	☑ 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. FESSENDEN, NANCY 4660 5TH AVE S.W. NAPLES, FL 34119	☑ 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 ROGERS GARY. 723 WILLOW HEAD DR NAPLES FL 34103	☑ 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	S KEIL, BARB 4481 BEECHWOOD LK. 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 (10/00)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED GARY ROGERS TREASURER 4/5/2001 (941)261-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #