

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002689

1. Entity Name

EAA CHAPTER 1067, INC.

Principal Place of Business

160 AVIATION DRIVE
NAPLES FL 34104

Mailing Address

160 AVIATION DRIVE
NAPLES FL 34104

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

AMATO, LOUIS X ESQ.
350 5TH AVE. SOUTH, SUITE 200
NAPLES FL 34102

7. Name and Address of New Registered Agent

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

TITLE PD
NAME BROUSSEAU, TED
STREET ADDRESS 1450 JEWEL BOX AVE
CITY-ST-ZIP NAPLES FL 34102 ☒ Delete

TITLE VPD
NAME FESSENDEN, NANCY
STREET ADDRESS 4660 5TH AVE SW
CITY-ST-ZIP NAPLES FL 34119 ☒ Delete

TITLE TD
NAME ROGERS, GARY
STREET ADDRESS 723 WILLOWHEAD DR.
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE S
NAME KEIL, BARB
STREET ADDRESS 4481 BEECHWOOD LAKE DR.
CITY-ST-ZIP NAPLES FL 34112 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DAVID FOSTER
STREET ADDRESS 760 14TH AVE N.W.
CITY-ST-ZIP NAPLES FL 34120 ☒ Change ☐ Addition

TITLE VPD
NAME DAVE HUTCHINSON
STREET ADDRESS P.O. BOX 9641
CITY-ST-ZIP NAPLES FL 34101 ☒ Change ☐ Addition

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

TITLE S
NAME PAUL JOHNSON
STREET ADDRESS 678 CARGIN RD.
CITY-ST-ZIP NAPLES, FL 34108-2560 ☒ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 REQUIRED
TREASURER.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2002 (941) 261-8500
Date Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90021 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)