

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90121 028 \*\*\*\*61.25

**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**

☒ CHECK HERE IF MAKING CHANGES

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                               |                                            |
|------------------------------------------------|---------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FOSTER, DAVID<br>760 14TH AVENUE NW<br>NAPLES FL 34120  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>HUTCHINSON, DAVE<br>P.O. BOX 9641<br>NAPLES FL 34101   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ROGERS, GARY<br>723 WILLOWHEAD DR.<br>NAPLES FL 34103   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>JOHNSON, PAUL<br>678 CARCIN ROAD<br>NAPLES FL 34108-2560 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | <input type="checkbox"/> Delete            |

|                                                |                                                             |                                                                              |
|------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HUTCHINSON, DAVE<br>P.O. BOX 9641<br>NAPLES, FL 34101 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MULLER, DOUG<br>421 13 ST. NW.<br>NAPLES, FL 34120   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CONNOR, JOHN T.<br>163 CARCA RD<br>NAPLES, FL 34108   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>JOHNSON, PAUL<br>541 104th AVE<br>NAPLES, FL 34108     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 T. Connor* 1/29/03 941-597-6262

CR2E037 (10/02)