

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005857

1. Entity Name

PENSACOLA FREE FLIGHT TEAM, INC.

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90606 030 ****61.25

Principal Place of Business

984 WILLIAMS DITCH ROAD
CANTONMENT FL 32533

Mailing Address

984 WILLIAMS DITCH ROAD
CANTONMENT FL 32533

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

59-3307411

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

JUNK, ROBERT W
984 WILLIAMS DITCH ROAD
CANTONMENT FL 32533

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 PDC
NAME JUNK, ROBERT
STREET ADDRESS 984 WILLIAMS DITCH RD.
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

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

TITLE VD
NAME BYRD, NORMAN
STREET ADDRESS 800 BYRD LANE
CITY-ST-ZIP PENSACOLA FL 32526 ☐ Delete

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

TITLE STD
NAME GRABSKI, PAUL
STREET ADDRESS 312 FOREST HILLS DR
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

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

TITLE D
NAME KLINGAMAN, JEROME
STREET ADDRESS 1413 EAST LAKEVIEW AVE.
CITY-ST-ZIP PENSACOLA FL 32503 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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: *Paul Grabski* **PAUL GRABSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2001

Date

850-475-2297

Daytime Phone #

CR2E037 (10/00)