

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000815

1. Entity Name
CAP FLYERS AERO CLUB INC.

Principal Place of Business Mailing Address
4451 NW 130TH AVE 4451 NW 130TH AVE
OCALA FL 34482 Ocala FL 34482
US US

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 **59-3112558** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLYSTONE, PAUL A
4451 NW 130TH AVE
OCALA FL 34482

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLOWAY, PAUL G 8200 S MAGNOLIA AVE. OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAVREAU, PAUL H 2251 NE 19TH AVE LOT 16 OCALA FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLOWAY, PAUL G 8200 S MAGNOLIA AVE OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARROWSMITH, RON 9193 SW 91 CIRCLE WEST OCALA FL 34481-9397	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLYSTONE, PAUL 4451 NW 130 AVENUE OCALA FL 34482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILTON, DANIEL 10708 SW 57TH TERRACE OCALA FL 34476	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALEY, CLIFF 5459 SW 84th LANE OCALA, FL 34476-9049	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OXENDINE, ROBERT 15170 SE 105 AVE SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARROWSMITH, RONALD G. 9193 SW 91 CIRCLE WEST OCALA, FL 34481-9397	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLOWAY, PAUL G. 8200 S. MAGNOLIA AVE OCALA, FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: Paul A. Blystone **Paul A. Blystone** 1/7/02 352401-1825
TREASURER Date Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90011 049 ****61.25



DO NOT WRITE IN THIS SPACE

0087907

CR2E037 (9/01)