

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90103 032 ****61.25

DOCUMENT # N95000001336

1. Entity Name

SAN-JEAN FLYING CLUB, INC.



Principal Place of Business

**C/O S. J. COLCOMBE
6891 COMPTON LANE S
NAPLES FL 34104
US**

Mailing Address

**C/O S. J. COLCOMBE
6891 COMPTON LANE S
NAPLES FL 34104
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLCOMBE, S. J.
6891 COMPTON LANE S
NAPLES FL 34104**

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. 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

TITLE: **D** ☐ Delete
NAME: **COOPER, DAVID**
STREET ADDRESS: **793 97TH AVENUE NORTH**
CITY-ST-ZIP: **NAPLES FL 34108**

TITLE: **PD** ☐ Delete
NAME: **COLCOMBE, STANLEY J**
STREET ADDRESS: **6891 COMPTON LANE S**
CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: **D** ☐ Delete
NAME: **GERNOF, SCHWETZ**
STREET ADDRESS: **481 GRAY COURT**
CITY-ST-ZIP: **MARCO ISLAND FL 34145**

TITLE: **D** ☒ Delete
NAME: **MINER, BRUCE**
STREET ADDRESS: **6755 HUNTINGTON LAKES CIR UNIT 201**
CITY-ST-ZIP: **NAPLES FL 34119**

TITLE: **D** ☒ Delete
NAME: **GREEN, CARL**
STREET ADDRESS: **4656 POND APPLE DR N**
CITY-ST-ZIP: **NAPLES FL 34119**

TITLE: **TS** ☐ Delete
NAME: **MULDER, MARIANNE**
STREET ADDRESS: **6891 COMPTON LANE S**
CITY-ST-ZIP: **NAPLES FL 34104**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: **D** ☒ Change ☐ Addition
NAME: **JERRY M. SWANN**
STREET ADDRESS: **434 MYRTLE RD**
CITY-ST-ZIP: **NAPLES FL 34108**

TITLE: **D** ☒ Change ☐ Addition
NAME: **JOHN R VARSANES**
STREET ADDRESS: **8503 GLENN EAGLE WAY**
CITY-ST-ZIP: **NAPLES FL 34120**

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

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

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:

Stanley J. Colcombe

STANLEY J. COLCOMBE 5/1/03

CR2E037 (10/02)