

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004841

1. Entity Name

EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 98 OF N

Principal Place of Business

801 12TH AVE. S., STE. 400  
NAPLES FL 33940

Mailing Address

801 12TH AVE. S., STE. 400  
NAPLES FL 34102-7336

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

65-0625093

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

SUTTON, KERMIT S  
801 12TH AVE. S., STE. 400  
NAPLES FL 33940

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 D ☒ Delete  
NAME CUTSHAW, MICHAEL  
STREET ADDRESS 7800 EMERALD CIR., #104  
CITY-ST-ZIP NAPLES FL 33942

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

TITLE D ☒ Delete  
NAME EBERSHOFF, DAVID L  
STREET ADDRESS 4450 YACHT HARBOR DR.  
CITY-ST-ZIP NAPLES FL 33940

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

TITLE D ☐ Delete  
NAME SUTTON, KERMIT S  
STREET ADDRESS 801 12TH AVE. S., STE. 400  
CITY-ST-ZIP NAPLES FL 33940

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

TITLE D ☐ Delete  
NAME THALHEIMER, BRUCE B  
STREET ADDRESS 4849 BERKELY DR.  
CITY-ST-ZIP NAPLES FL 33962

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Bittle, Tom  
CITY-ST-ZIP 1900 Virginia Avenue, #1302C  
Ft. Myers, FL 33901

TITLE ☐ Delete  
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE