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

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91386 027 ****61.25

DOCUMENT # N95000004841

1. Entity Name

EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 98 OF N

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2. Principal Place of Business	3. Mailing Address
801 12th AVENUE SOUTH	801 12th AVENUE SOUTH
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34102 Country:	Zip: 34102 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0625093 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: KERMIT S. SUTTON

Street Address (P.O. Box Number is Not Acceptable): 801 12th AVENUE SOUTH, STE 200

City: NAPLES **FL** Zip Code: 34102

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

FEE IS $61.25
Initial or Amended UBR

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	D
NAME	SUTTON, KERMIT S.
STREET ADDRESS	801 12th AVE. S., STE 200
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	THALHEIMER, BRUCE B.
STREET ADDRESS	4849 BERKELY DR.
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	BITTLE, TOM
STREET ADDRESS	1900 VIRGINIA AVE., STE 1302C
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/2002 (941) 263-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #