2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # N95000005524 1. Entity Name PALM BEACH AERO CLUB ASSOCIATION, INC. 03-20-2000 90100 020 ****61.25 Principal Place of Business WATERLINE Mailing Address 8/93 WATERLINE 8199 WATERLINE 8193 WATERSING OR BOYNTON BEACH FL 33437-2351 BOYNTON BEACH FL 33437 COUTUROL 3. Malling Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0630261 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GOLDBERG, IRWIN 8193 WATERLINE DR **BOYNTON BEACH FL 33437** Zip Code City FL 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS I 11. PRESIDENT De'ete ☐ Addition PD TITLE TITLE LARRY MAGES 5900 FLAT ROCK NAME NAME HANDEGARD, CHRIS STREET ADDRESS STREET ADDRESS 165 PLUMAGE LANE PACM BEACH, FL CITY-ST-ZIP CITY-ST-ZIP 334/3 WEST PALM BEACH FL 33415 PETER MOSCHETTO Delete Change ☐ Addition TITLE TITLE VΡ NAME HOEL, RYAN 591 TOCCOA STREET ADDRESS STREET ADDRESS 1570 FIRETHORN DR WEST PALM BEKH CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 SD □ Delete TITLE NITSCHE, STANLEY NAME STREET ADDRESS STREET ADDRESS 1052 WILD CHERRY LN CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Change ☐ Addition ☐ Delete TITLE TITLE NAME GOLDBERG, IRWIN NAME STREET ADDRESS STREET ADDRESS 8193 WATERLINE DR CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Delete ☐ Change ☐ Addition TITLE TITLE

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.

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NEW JULIANO TYPED ON PRINTED NAME OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/14/00

56/ 7360163

Change

☐ Addition

Daytime Phone #