

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005098

1. Entity Name

JACKSON COUNTY AVIATION CLUB, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90129 037 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 624
MARIANNA FL 32447

P.O. BOX 624
MARIANNA FL 32447-0624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3354491

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

HARNS, RICHARD
2344 HUMMINGBIRD DRIVE
MARIANNA FL 32448

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 RICHARD D. HARNS

Signature, typed or printed name of registered agent and title if applicable.

Richard D. Harns

(NOTE: Registered Agent signature required when reinstating)

5/8/00

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 DP ☐ Delete
NAME COX, TIMOTHY R
STREET ADDRESS 4661 CLAYTON DRIVE
CITY-ST-ZIP MARIANNA FL 32446

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

TITLE DS ☐ Delete
NAME DODSON, JAMES
STREET ADDRESS 1925 GLOSTER AVE
CITY-ST-ZIP SNEADS FL 32460

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

TITLE DT ☐ Delete
NAME HARNS, RICHARD D
STREET ADDRESS 2344 HUMMINGBIRD DRIVE
CITY-ST-ZIP MARIANNA FL 32448

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: RICHARD D. HARNS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00

Date

850-526-3405

Daytime Phone #

CR2E037 (9/99)