

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002692

1. Entity Name

SUN STATE WING AND ROTOR CLUB, INC. E.A.A. CHAPT

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

05-26-2000 90072 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

953 LAKEVIEW DR  
 N FT MYERS FL 33903

953 LAKEVIEW DR  
 N FT MYERS FL 33903-4226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

O'NEAL, HOMER J  
 953 LAKEVIEW DR  
 N FT MYERS FL 33903

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	PD	<input type="checkbox"/> Delete
NAME	O'NEAL, HOMER J	
STREET ADDRESS	953 LAKEVIEW DR	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCNEAR, PATRICK	
STREET ADDRESS	%953 LAKEVIEW DR	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OXNAM, MARY JANE	
STREET ADDRESS	%953 LAKEVIEW DR	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OXNAM, RICHARD	
STREET ADDRESS	%953 LAKEVIEW DR	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 94850-3465

CR2E037 (9/99)