2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N98000000666** Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** FT. MCCOY AMATEUR RADIO CLUB, INC. 03-13-2000 90003 045 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 539 16370 NORTHEAST 141ST TERRACE FT. MCCOY FL 32134 FT. MCCOY FL 32134-0539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3500760 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BENCH, THOMAS S SR. 16370 NORTHEAST 141ST TERRACE FT. MCCOY FL 32134 Zip Code City 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 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 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE SPENCER, DAN BENCH, THOMAS S SR. NAME NAME P.O BOX 1304 STREET ADDRESS STREET ADDRESS 16370 NORTHEAST 141ST TERRACE CITY-ST-ZIP CITY-ST-ZIP HAWTHEINE, FL. 32640 FT. MCCOY FL 32134 **X** Delete TITLE ☐ Addition TITLE BROCK, JOHN JR. DARY, ROBERT NAME 23671 NORTHEAST 154TH PLACE ROAD NAME STREET ADDRESS STREET ADDRESS 127SE 39TH AVE CITY-ST-ZIP-CiTY-ST-ZiP OCALA FL 34471 SAIT SPRINGS, FL 32134 Addition TITLE ☐ Change TD Delete TITLE HODGMAN, WAYNE BENCH, KATHRYN D NAME NAME P.O BOX 481 STREET ADDRESS STREET ADDRESS 16370 NORTHEAST 141ST TERRACE CITY-ST-ZIP FT.M<u>CCoy, FL. 32134</u> CITY-ST-ZIP FT. MCCOY FL 32134 ☐ Change Addition TITLE Delete TITLE SUMMERVILLE, SERRY SPENCER, DAN NAME NAME STREET ADDRESS PO BOX 1304 STREET ADDRESS P.O BOX 509 T.MCCOY, FL. 32134 CITY-ST-ZIP CITY-ST-ZIP **HAWTHORNE FL 32640** Addition Delete TITLE Change TITLE SHREWS BURY, DAILAS S BROCK, JOHN JR. NAME STREET ADDRESS P.O BOX 261 STREET ADDRESS 23671 NORTHEAST 154TH PLACE ROAD SD RUTTER, JOSEPH CITY-ST-ZIP CITY-ST-ZIP SALT SPRINGS FL 32134 Addition Change

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SHREWSBURY, DALLAS S

POST OFFICE BOX 261

FT. MCCOY FL 32134

TITL F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

17928 SE 95™ST.RD.

OCKLAWAHA, FL. 32179