

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90044 037 ****61.25

DOCUMENT # N98000000666

1. Entity Name

FT. MCCOY AMATEUR RADIO CLUB, INC.

Principal Place of Business

Mailing Address

**16370 NORTHEAST 141ST TERRACE
 FT. MCCOY FL 32134**

**POST OFFICE BOX 539
 FT. MCCOY FL 32143-0539**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3500760

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

**BENCH, THOMAS S SR.
 16370 NORTHEAST 141ST TERRACE
 FT. MCCOY FL 32134**

Name

Bench, Kathryn D.

Street Address (P.O. Box Number is Not Acceptable)

16370 NE 141 ST. TERRACE

City

FT. MCCOY,

FL

Zip Code

32134-0552

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

Kathryn D. Bench : Register Agent Kathryn D Bench
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Phone: 352-546-2448

4-1-02

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 **TD** ☒ Delete
 NAME **HODGMAN, WAYNE**
 STREET ADDRESS **PO BOX 481**
 CITY-ST-ZIP **FT. MCCOY FL 32134**

TITLE **PD** ☐ Change ☒ Addition
 NAME **VERTIGAN, NORMAN**
 STREET ADDRESS **601 A MIDWAY DR.**
 CITY-ST-ZIP **OCALA, FL. 34472-2280**

TITLE **D** ☒ Delete
 NAME **SUMMERVILLE, JERRY**
 STREET ADDRESS **PO BOX 509**
 CITY-ST-ZIP **FORT MC COY FL 32134**

TITLE **TD** ☐ Change ☒ Addition
 NAME **STEWART, ED**
 STREET ADDRESS **P.O BOX 277**
 CITY-ST-ZIP **ORANGE SPRINGS, FL 32182**

TITLE **D** ☒ Delete
 NAME **SHREWSBURY, DALLAS S**
 STREET ADDRESS **PO BOX 261**
 CITY-ST-ZIP **FT. MCCOY FL 32134**

TITLE **D** ☐ Change ☒ Addition
 NAME **GOSSEL, FRED**
 STREET ADDRESS **18801 SE 50TH STREET**
 CITY-ST-ZIP **OCALA, FL. 32179-7328**

TITLE **PD** ☒ Delete
 NAME **HODGEMAN, WAYNE**
 STREET ADDRESS **PO BOX 481**
 CITY-ST-ZIP **FORT MC COY FL 32134**

TITLE **D** ☐ Change ☒ Addition
 NAME **BOARDMAN, FRANK**
 STREET ADDRESS **P.O. BOX 257**
 CITY-ST-ZIP **ORANGE SPRINGS, FL 32182**

TITLE **VD** ☐ Delete
 NAME **BROCK, JOHN JR.**
 STREET ADDRESS **23671 NORTHEAST 154TH PLACE ROAD**
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

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

TITLE **SD** ☐ Delete
 NAME **MCDONALD, DIANE**
 STREET ADDRESS **556 SILVER COURSE LOOP**
 CITY-ST-ZIP **OCALA FL 34472**

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: NORMAN VERTIGAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 352-687-0841

Date

Daytime Phone #

0059131

CR2E037 (9/01)

530364



DO NOT WRITE IN THIS SPACE