

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90078 036 \*\*\*\*\*61.25

0025892

**DOCUMENT # N98000000735**

1. Entity Name

**FLORIDA AVIATION AND AEROSPACE ALLIANCE, INC.**

Principal Place of Business

Mailing Address

C/O E. THOM RUMBERGER JR.  
111 NORTH ORANGE AVENUE 20TH FLOOR  
ORLANDO FL 32804

C/O E. THOM RUMBERGER JR.  
111 NORTH ORANGE AVENUE 20TH FLOOR  
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

*1530 Metropolitan Blvd*  
Suite, Apt. #, etc.

*P.O. Box 1163*  
Suite, Apt. #, etc.

City & State

*Tallahassee Florida*

City & State

*Tallahassee, FL 32302*

Zip

*32308*

Country

Zip

Country

4. FEI Number

**52-2083314**

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

**HEARD, MARSHALL**  
**620 APACHE TRAIL**  
**MERRITT ISLAND FL 32953**

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

*Marshall Heard Marshall Heard*

*4/4/01*

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	DS	<input type="checkbox"/> Delete
NAME	COTE, DONALD G ARM	
STREET ADDRESS	1001 BRICKELL BAY DR.	
CITY-ST-ZIP	MIAMI FL 33131-4937	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BODINE, JIM	
STREET ADDRESS	503 SWEETWATER COVE BLVD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAY, STUART	
STREET ADDRESS	3651 SE COMMERCE AVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEARD, MARSHALL	
STREET ADDRESS	620 APACHE TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARIBO, JACK	
STREET ADDRESS	4209 TIMUQUANA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREMONAS, JOE	
STREET ADDRESS	5600 SAND LAKE RD MP 944	
CITY-ST-ZIP	ORLANDO FL 32819-8907	

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

*Marshall Heard* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/4/01*

Date

*850/224-0200*

Daytime Phone #

CR2E037 (10/00)