

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000735

1. Entity Name

FLORIDA AVIATION AND AEROSPACE ALLIANCE, INC.

Principal Place of Business

Mailing Address

~~C/O E. THOM RUMBERGER JR.~~  
1530 METROPOLITAN BLVD  
TALLAHASSEE FL 32308

~~C/O E. THOM RUMBERGER JR.~~  
P O BOX 1163  
TALLAHASSEE FL 32303

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

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

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  
NAME COTE, DONALD G ARM  
STREET ADDRESS 1001 BRICKELL BAY DR.  
CITY-ST-ZIP MIAMI FL 33131-4937 ☐ Delete

TITLE Vice Chairman  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DC  
NAME BODINE, JIM  
STREET ADDRESS 503 SWEETWATER COVE BLVD  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

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

TITLE D  
NAME SHAY, STUART  
STREET ADDRESS 3851 SE COMMERCE AVE  
CITY-ST-ZIP STUART FL 34997 ☐ Delete

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

TITLE D  
NAME HEARD, MARSHALL  
STREET ADDRESS 620 APACHE TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE D  
NAME KARIBO, JACK  
STREET ADDRESS 4209 TIMUQUANA RD  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

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

TITLE D  
NAME KREMONAS, JOE  
STREET ADDRESS 5600 SAND LAKE RD MP 944  
CITY-ST-ZIP ORLANDO FL 32819-8907 ☒ Delete

TITLE Executive Director  
NAME Bennett Lapier  
STREET ADDRESS 1530 Metropolitan Blvd  
CITY-ST-ZIP Tallahassee, FL 32308 ☐ Change ☒ 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 of Joe Kremonas*

1/17/02 851/224-2211

CR2E037 (9/01)