

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90215 022 ****61.25

DOCUMENT # N98000000735

1. Entity Name
FLORIDA AVIATION AND AEROSPACE ALLIANCE, INC.



Principal Place of Business
**C/O E. THOM RUMBERGER JR.
1530 METROPOLITAN BLVD
TALLAHASSEE FL 32308**

Mailing Address
**C/O E. THOM RUMBERGER JR.
P O BOX 1163
TALLAHASSEE FL 32303**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2083314**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **Badinc, Jim**
STREET ADDRESS **2228 W. Kiva Village Lane**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **D** ☒ Delete
NAME **SHAY, STUART**
STREET ADDRESS **3651 SE COMMERCE AVE**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ Change ☒ Addition
NAME **Tim Franta**
STREET ADDRESS **400 Spaceport Way**
CITY-ST-ZIP **Cape Canaveral, FL 32920-4003**

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

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

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

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

TITLE **EXD** ☐ Delete
NAME **NAPIER, BENNETT**
STREET ADDRESS **1530 METROPOLITAN BLVD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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:

Signature of Registered Agent

1/16/03

850/224-0711

CR2E037 (10/02)