

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90024 025 ****61.25

DOCUMENT # N98000001199

1. Entity Name

EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 108, IN

Principal Place of Business

Mailing Address

1651 SAND KEY ESTATES, APT 41
 41
 CLEARWATER FL 33767-2933

1651 SAND KEY ESTATES, APT 41
 41
 CLEARWATER FL 33767-2933

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

4. FEI Number

APPLIED FOR

Applied For
 Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PHILLIPS, R. PATRICK
200 N THORNTON AVE
ORLANDO FL 32801-2164

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MOREHOUSE, R. CURTIS	
STREET ADDRESS	1651 SAND KEY ESTATES, APT 41	
CITY-ST-ZIP	CLEARWATER FL 33767-2933	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, JAMES	
STREET ADDRESS	4391 CASS ST	
CITY-ST-ZIP	WEBSTER MN 55088	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEACH, DEBORAH	
STREET ADDRESS	1651 SAND KEY ESTATES, APT 41	
CITY-ST-ZIP	CLEARWATER FL 33767-2933	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

RICHARD MOREHOUSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00

Date

727-595-2854

Daytime Phone #