FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2001 8:00 am DOCUMENT # N98000001199 **Secretary of State** 1. Entity Name EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 108. IN 02-20-2001 90036 032 ****61.25 Principal Place of Business Mailing Address 1651 SAND KEY ESTATES, APT 41 1651 SAND KEY ESTATES, APT 41 CLEARWATER FL 33767-2933 CLEARWATER FL 33767-2933 US US 2. Principal Place of Business 3. Mailing Address 1651 SAND KEY ESTATES 1651 SAND KEY ESTATES Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT 87 City & State City & State 4. FEI Number Applied For <u>59-3568</u> CLEARWATER BEACH EARWATER REACH Not Applicable Country Zip . Country \$8.75 Additional 5. Certificate of Status Desired PINELLAS PINELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, R. PATRICK 200 N THORNTON AVE ORLANDO FL 32801-2164 City 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. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 🗹 Change TITLE ☐ Delete MOREHOUSE, R. CURTIS NAME 1651 SAND KEY ESTATES OF APT 82 STREET ADDRESS STREET ADDRESS 1651 SAND KEY ESTATES, APT 41 CITY-ST-ZIP FL 33767-2934 CITY-ST-ZIP CLEARWATER BEACH. CLEARWATER FL 33767-2933 ☐ Change TITLE ☐ Delete TITLE Addition TAYLOR, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 4391 CASS ST---CITY-ST-ZIP CITY-ST-ZIP WEBSTER MN 55088 TITLE ☐ Delete TITLE Change ☐ Addition BEACH, DEBORAHA' NAME NAME STREET ADDRESS STREET ADDRESS 1651 SAND KEY ESTATES CT APT 1651 SAND KEY ESTATES, APT 41 CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33767-2933 CLEARWATER BEACH TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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

changed, or on an attachment with an address, with all other like empowered

FEB. 16

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717-595-2854

Daytime Phone #