2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000003546 Jan 22, 2000 8:00 am 1. Entity Name **Secretary of State** PEACE RIVER CHAPTER 1226 EXPERIMENTAL AIRCRAFT A 01-22-2000 90080 020 ****61.25 Principal Place of Business Mailing Address THOMAS R. O'HANLON ARCADIA MUNICIPAL AIRPORT PO BOX 296 ARCADIA FL 34266 FORT OGDEN FL 34267-0296 2. Principal Place of Business 3. Mailing Address Hanlow peadia ho mas DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 28-3246288 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 19 SO 10 1280 10 Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) 196. Box 296 O'HANLON, THOMAS R 9403 SW PICKENS AVE ARCADIA FL 34266 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TIT1 F Change O'Hanlon Thomas R O'HANLON, THOMAS R NAME 9403 S.W. Pickers Ave STREET ADDRESS 9403 SW PICKENS AVE STREET ADDRESS CITY-ST-ZIP 71.34267 CITY-ST-ZIP FORT OGDEN FL 34267 **M** Change ☐ Addition Delete TITLE TITLE NAME NAME BUCKAU, RICHARD 13008 Eight 54. STREET ADDRESS STREET ADDRESS 13662 DRYSDALE AVE 71. 33905 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33981 STD ☐ Delete TITLE O'Hanbor, EILA DEE Change ☐ Addition TITLE O'HANLON, ELLA DEE NAME NAME 9+03 S.W. Pickers Ave. STREET ADDRESS STREET ADDRESS 9403 SW PICKENS AVE CITY-ST-7IP CITY-ST-7IP Ogden 71.39267 FORT OGDEN FL 34267 TITLE ☐ Addition YEC Y&C Change TITLE Delete Thomas R. FORD, RON NAME MOINEH'O NAME 403 S.W. Pickens AVE STREET ADDRESS STREET ADDRESS 274 ANITA ST CITY-ST-ZIP 71. 34267 CITY-ST-ZIP ARCADIA FL 34266 Change ☐ Addition ☐ Delete TITLE William Pittman PITTMAN, WILLIAM NAME NAME 5734 Howcock Rd STREET ADDRESS STREET ADDRESS 15734 HANCOCK RD CITY-ST-ZIP SARAKOTA 71.34240 CITY-ST-ZIP SARASOTA FL 34240 Change TITLE yed Delete TITLE ☐ Addition SYMANSKI, BOB NAME NAME 9403 S.W. Pickens STREET ADDRESS STREET ADDRESS 925 SUNCREST LN CITY-ST-ZIP CITY-ST-ZIP 09 der EAGLEWOOD FL 34223-2885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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.