

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90345 002 \*\*\*\*61.25

**DOCUMENT # N98000005888**

1. Entity Name

**THE MARCO ISLAND FLYING CLUB, INC.**

Principal Place of Business

**28 AMETHYST AVE  
 NAPLES FL 34114-8223**

Mailing Address

**28 AMETHYST AVE  
 NAPLES FL 34114-8223**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3540885**

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

**WELCH, EDWARD J  
 28 AMETHYST AVE  
 NAPLES FL 34114-8223**

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

*Edward Welch*

**EDWARD WELCH**

**5/16/01**

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 ☐ **\$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NICOLO, JOSEPH D</b>	
STREET ADDRESS	<b>444 RIVER CT</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WELCH, EDWARD J</b>	
STREET ADDRESS	<b>28 AMETHYST AVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114-8223</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>APY, RAYMOND</b>	
STREET ADDRESS	<b>949 SPRUCE AVE</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Edward Welch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/16/01**

**841-394-6264**

CR2E037 (10/00)