

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90180 006 ****61.25

DOCUMENT # N99000002295

1. Entity Name

SPRUCE CREEK FLY-IN ACTION COMMITTEE, INC.

Principal Place of Business

Mailing Address

100 CESSNA BLVD. STE. A
 DAYTONA BEACH FL 32124

100 CESSNA BLVD. STE. A
 DAYTONA BEACH FL 32124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

MARTIN, STEPHEN G
1265 WEST GRANADA BLVD. STE. 1
ORMOND BEACH FL 32174

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	HYNES, DENNIS
CITY-ST-ZIP	1889 ROYAL LYTHAM CT. DAYTONA BEACH FL 32124
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	HAVEN, RALPH E
CITY-ST-ZIP	1808 CHANDELLE COURT DAYTONA BEACH FL 32124
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	GOVONI, DAVID S
CITY-ST-ZIP	1849 SPRUCE CREEK BLVD. EAST DAYTONA BEACH FL 32124
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	PALMER, BILLIE I
CITY-ST-ZIP	1815 ROSCOE TURNER TRAIL DAYTONA BEACH FL 32124
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature
DENNIS R. HYNES
 President

Date

Daytime Phone #

1-23-01 904-7672130

CR2E037 (10/00)