

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N99000005473****1. Entity Name**  
WITHAM AIRPORT ACTION MAJORITY, INC.

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>2336 SE OCEAN BLVD.<br>SUITE 172<br>STUART<br>34996<br>FL | <b>Mailing Address</b><br>2336 SE OCEAN BLVD.<br>SUITE 172<br>STUART<br>34996<br>FL |
|---|---|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
|---------------------------------------|---------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |  |
|---|--|
| <b>4. FEI Number</b><br><b>65-1000997</b> | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
|---|--|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>BRODIE LAWRENCE P<br>525 CAMDEN AVENUE<br><br>STUART FL<br>34994 US | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.**

|  |                           |
|--|---------------------------|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable.<br>(NOTE: Registered Agent signature required when reinstalling) | <b>04/24/2001</b><br>DATE |
|--|---------------------------|

|   |   |  |
|---|---|--|
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to</b><br><b>Department of State</b> |
|---|---|--|

| <b>10. OFFICERS AND DIRECTORS</b>  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |  |
|--|---------------------------------|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|  |                                 | STD<br>MELENDEZ GREG<br>521 SE EDGEWOOD DR.<br>STUART FL 33496             |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STD<br>TURNER RONALD D. V<br>25 ISLAND ROAD<br>STUART FL 34996             |                                 | TRS<br>LUDWIG WALTER J<br>1844 SE GRANADA LANE<br>STUART FL 34996          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| VD<br>MELENDEZ GREG<br>521 SE EDGEWOOD DR<br>STUART FL 34996               |                                 | VD<br>WHITESCARVER JOHN P<br>7750 DOUBLE TREE DRIVE<br>HOBE SOUND FL 33455 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD<br>SHANLEY WILLIAM F<br>2600 SE OCEAN BLVD., N-7<br>STUART FL 34996     |                                 | PD<br>SMETTS WILLIAM<br>2950 SE OCEAN BLVD. 137-4<br>STUART FL 34996       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  |  |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.**

|                                 |     |            |
|---------------------------------|-----|------------|
| <b>SIGNATURE:</b> Greg Melendez | STD | 04/24/2001 |
|---------------------------------|-----|------------|

CR2E037 (11/00)