FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # N9900007254 **1.** Entity Name 04-03-2001 90067 030 \*\*\*\*61.25 U.S. AIRLINE INDUSTRY MUSEUM FOUNDATION, INC. Principal Place of Business Mailing Address 2 PARKPLACE CT 2 PARKPLACE CT DOTHAN AL 36301 DOTHAN AL 36301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3614541 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HEISLER, THOMAS E VP BANK OF JACKSON COUNTY 5381 CLIFF ST City Zio Code **GRACEVILLE FL 32440** 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 🗷 Addition TITLE TITLE Delete PATTON, ROBERT W BAUMWALD, STANLEY NAME NAME 1242 N.W. 102 HD WAY STREET ADDRESS 2 PARKPLACE CT STREET ADDRESS CITY - ST-ZIP DOTHAN AL 36301 CITY-ST-ZIP CORAL SPRINGS, FL ☐ Delete TITLE ☐ Change Addition TITLE **BROWN, LEROY** NAME NAME STREET ADDRESS **PO BOX 144** STREET ADDRESS CITY-ST-ZIP ZELLWOOD FL: 32798-0144-CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition WATKINS, G MAYNARD NAME NAME STREET ADDRESS 690 SOLANO PRADO STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33156-2372 CITY-ST-7IP TITLE Delete TITLE [ Change ☐ Addition QUICK, FORRESTER A NAME NAME STREET ADDRESS 12 STEBBINS DR STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884-2725 CITY-ST-7IP TITLE ☐ Delete TITLE hange (included) ☐ Addition HOLLAND, E. NEAL 3491 PALL MALL DR. NAME NAME (文 ADDITION STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITL F (hange ☐ Addition NAME NORMAN, RICHARD E. NAME ( ADDITION 3268 LILBUAN, COURT STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32312 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NO CONTROL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/20

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