

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90202 005 ****61.25

DOCUMENT # N99000007254

1. Entity Name

U.S. AIRLINE INDUSTRY MUSEUM FOUNDATION, INC.



Principal Place of Business

Mailing Address

**2 PARKPLACE CT
DOTHAN AL 36301**

**2 PARKPLACE CT
DOTHAN AL 36301**

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 **58-3614541**

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

**HEISLER, THOMAS E VP
BANK OF JACKSON COUNTY
5381 CLIFF ST
GRACEVILLE FL 32440**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **PATTON, ROBERT W**
STREET ADDRESS **2 PARKPLACE CT**
CITY-ST-ZIP **DOTHAN AL 36301**

TITLE **DT** ☒ Change ☐ Addition
NAME **BAUMWALD, STANLEY**
STREET ADDRESS **1242 NW 102ND WAY**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **D** ☐ Delete
NAME **BROWN, LEROY**
STREET ADDRESS **PO BOX 144**
CITY-ST-ZIP **ZELLWOOD FL 32798-0144**

TITLE **DV** ☐ Change ☒ Addition
NAME **WENTWORTH, JOHN S.**
STREET ADDRESS **15701 WILLO PINES LANE**
CITY-ST-ZIP **MONTVERDE, FL 34756**

TITLE **D** ☒ Delete
NAME **BAUMWALD, STANLEY**
STREET ADDRESS **1242 NW 102ND WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ Change ☒ Addition
NAME **MCLAY, DAVID**
STREET ADDRESS **SAFETY HARBOR**
CITY-ST-ZIP **CLEARWATER, FL 34695**

TITLE **DT** ☒ Delete
NAME **NORMAN, RICHARD E**
STREET ADDRESS **3288 LILBURN CT**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Change ☒ Addition
NAME **ROUNDY, MAURICE**
STREET ADDRESS **2355 HOTEL ROAD**
CITY-ST-ZIP **AUBURN, ME 04210**

TITLE **DS** ☐ Delete
NAME **HOLLAND, NEAL E**
STREET ADDRESS **3491 PALL MALL DR**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Change ☒ Addition
NAME **SHOWALTER, ROBERT**
STREET ADDRESS **1203 EDMUNDSHIRE LANE**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **GREENE, TOMMY**
STREET ADDRESS **S. HWY 53**
CITY-ST-ZIP **MADISON, FL 32340**

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:

RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. PATTON

1-15-2003

334-702-1010

CR2E037 (10/02)