

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079123

1. Entity Name  
AIR HOLIDAY FLYING CLUB, INC.

Principal Place of Business  
1218 SHOREWOOD DRIVE  
ORLANDO FL 32806-2350  
US

Mailing Address  
1218 SHOREWOOD DRIVE  
ORLANDO FL 32806-2350  
US

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 59-3538088

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

PHILLIPS, R. PATRICK  
200 N THORNTON AVE  
ORLANDO FL 32801

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME BOYER, JAMES H  
STREET ADDRESS 750 CLIFFORD DR  
CITY-ST-ZIP ORLANDO FL 32804

TITLE P ☐ Change ☒ Addition  
NAME COLES, ROBERT H  
STREET ADDRESS 1734 ROSE GARDEN LANE  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE VD ☐ Delete  
NAME LAMBIASO, MARLENE K  
STREET ADDRESS 1734 SENECA BLVD  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☒ Change ☐ Addition  
NAME LAMBIASO, MARLENE K  
STREET ADDRESS 1734 SENECA BLVD  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☐ Delete  
NAME WYCKOFF, DANIEL M  
STREET ADDRESS 309 ROBIN HILL DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE V ☐ Change ☒ Addition  
NAME SIMONDS, JOSEPH A.  
STREET ADDRESS 649 BALMORAL ROAD  
CITY-ST-ZIP WINTER PARK FL 32789-5204

TITLE D ☐ Delete  
NAME BLACK, WILLIAM H  
STREET ADDRESS 1615 ALGONQUIN TR  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ST ☐ Change ☒ Addition  
NAME MERRILL, WOODROW T.  
STREET ADDRESS 1218 SHOREWOOD DRIVE  
CITY-ST-ZIP ORLANDO FL 32806-2350

TITLE D ☐ Delete  
NAME GOLDING, FRED  
STREET ADDRESS 107 CELIA LANE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ Change ☒ Addition  
NAME READ, CHARLES S.  
STREET ADDRESS 1005 TEMPLE COVE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE PD ☐ Delete  
NAME SWALLOW, HAROLD G  
STREET ADDRESS 2999 EGLINGTON DR  
CITY-ST-ZIP ORLANDO FL 32806-3366

TITLE D ☒ Change ☐ Addition  
NAME SWALLOW, HAROLD G.  
STREET ADDRESS 2999 EGLINGTON DR  
CITY-ST-ZIP ORLANDO FL 32806-3366

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 APR 01

Date

407.898.3269

Daytime Phone #

CR2E034 (10/00)

0480372

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90017 012 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Attachment  
965989☐ CHANGE ☒ ADDITION

# P98000679123

TITLE	D
NAME	REILLY, PETER M
STREET ADDRESS	1406 CHISHOLM RIDGE CT.
CITY-STATE-ZIP	ST. CLOUD, FL 34771