

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90261 007 ***150.00

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

4. FEI Number **59-3538088**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 2002 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 **P** ☐ Delete
 NAME **COLES, ROBERT H**
 STREET ADDRESS **1734 ROSE GARDEN LANE**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

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

TITLE **P/D** ☐ Change ☒ Addition
 NAME **SIMONDS, JOE**
 STREET ADDRESS **649 BALMORAL ROAD**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **T/S/D** ☐ Change ☒ Addition
 NAME **MERRILL, WOODY**
 STREET ADDRESS **1218 SHOREWOOD DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **V/D** ☒ Change ☐ Addition
 NAME **BLACK, WILLIAM H**
 STREET ADDRESS **1615 ALGONQUIN TR.**
 CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **REILLY, PETE**
 STREET ADDRESS **1406 CHISHOLM RIDGE COURT**
 CITY-ST-ZIP **ST. CLOUD, FL 34771**

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

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

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

30 APR 02

407.898.3269

Date

Daytime Phone #

CR2E034 (9/01)