

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90145 040 ***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**

62000560



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

☐ CHECK HERE IF MAKING CHANGES

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	COLES, ROBERT H	1734 ROSE GARDEN LANE	ORLANDO FL 32825	<input type="checkbox"/>
D	LAMBIASO, MARLENE K	1734 SENECA BLVD	WINTER SPRINGS FL 32708	<input type="checkbox"/>
D	WYCKOFF, DANIEL M	309 ROBIN HILL DR	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>
VD	BLACK, WILLIAM H	1615 ALGONQUIN TR	MAITLAND FL 32751	<input type="checkbox"/>
D	GOLDING, FRED	107 CELIA LANE	ORLANDO FL 32803	<input type="checkbox"/>
D	SWALLOW, HAROLD G	2999 EGLINGTON DR	ORLANDO FL 32806-3366	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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:

Signature of R. Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

Daytime Phone #

CR2E034 (10/02)