2002 UNIFORM BUSINESS REPORT (UBR)

After September 13, 2002, min. will be \$236.25. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Addition	-			 - -	,			•	
Principal Piece of Dusiness Mailing Address Pho 900 238 SARSOTA F1 3440 Z. Principal Piece of Business Suite, Apt. 8, etc. Suite, Apt. 8, etc. City & State City &	DOGUMENT # 733882						FILED		
SUIDA, Apt. 4. etc. Suita, Ap	SARASOTA MODEL RAILROAD CLUB, INC.					02	OCT 18 AM	11:36	
SARASOTA FL 34270 TALLEYAST FL 34270-0239 LIS TALLEYAST FL 34270-0239 TALLEYAST FL 34270 Delter TALLEYAST FL 34270 Delter TALLEYAST FL 34270 Delter TALLEYAST FL 34270 TALLEYAST FL 34270 Delter TALLEYAST FL 3427	Principal P	lace of Business	 -	·	SF	CRETARY OF	STATE		
Suito, Apr. 4. etc. Suito, Ap	SARASOTA		TALLEVAST FL 34270-0239			TĂĹ	LAHASSEE. FL	ORIDA	
City & State Secretificate of Status Desired To More Registered Agent To More Registered Agen	2. Principa	I Place of Business	3. Mailing Address			A second			
City & State Secretificate of Status Desired To More Registered Agent To More Registered Agen	,		Suite, Apt. #, etc.			REMOSTONOTWATELNIA SEACE 2			
Zip Country Zip Country S. Certificate of Status Desired S. Additional Fee Required S. Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 8. Name CARY M. GEALY Street Address (P.O. Box Numbrin is Not Acceptable) Safe Address of Name Registered Agent 8. Name CARY M. GEALY Street Address of Poor Name Name Name Name Name Name Name Name	City & St		City & State			4 FEI Number			
6. Name and Address of Current Registered Agent Name CARY M GEALY	Zip Country		Zip Count		59-2828318 No		lot Applicable		
BYRNE, PAUL F \$315 MOELLER AVE \$ARASOTA FL 34233 City Salns of the State of Florida. I am familiar with, and accept the obligations of significance of signif		6. Name and Address of Current	Registered Agent	<u> </u>				Fee Requir	ed
BYTNE, PAUL F S315 MOELLER AVE SARASOTA FL 34233 City Salansota City Salanso					GAR			ered Agent	-
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the chigadesions of typigletered agent. SIGNATURE After September 13, 2002,	5315 MOELLER AVE			Street	t Address (P.O. Box Number is Not Acceptable)				
THE CAPTE TABLEVAST FL 34270-0239 THE VO BOX 239 TILLEVAST FL 34270-0239 TILLEVAST FL 34270-0		City	- Aana	4,		Zip Cod	de _		
After September 13, 2002, min. will be \$236.25. 9. Election Campaign Financing Trust Fund Contribution. III. Appl Make Check Payable to Department of State Department of State	8. The above	ve named entity submits this statement for	or the purpose of changing its	registered office	or registere	ed agent, or both, in	the State of Florida.	Lam familiar with	39 and accept
After September 13, 2002, min. will be \$236.25. Delete PD OR OX 239 TALLEVAST FL 34270-0239 TIV-ST-ZIP TALLEVAST FL 3427	the obliga	ations of registered agent.	7		•	• , ,		TOTAL WILL	, and accept
After September 13, 2002, min. will be \$236.25. 9. Election Campaign Financing	SIGNATURE								
min. will be \$236.25. Trust Fund Contribution.		Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent sign	ature required v	when reinstating)	1	DATE	
TITLE MAME INTERET ADDRESS PO BOX 239 ITTLE MAME INTERET ADDRESS PO BOX 239 ITTLE MAME INTERET ADDRESS PO BOX 239 ITTLE MAME ITTLE MAME INTERET ADDRESS PO BOX 239 ITTLE MAME INTERET AD							Make C Depai	heck Payable	to .
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TILE VD Change Addition AME CLARK, WILLIAM PO BOX 239 STREET ADDRESS TY-ST-ZIP TALLEVAST FL 34270-0239 TTILE TILE TD AME STREET ADDRESS TY-ST-ZIP TALLEVAST FL 34270 TTILE MAME GARY M. GEALY TALLEVAST FL 34270 TTILE MAME STREET ADDRESS TY-ST-ZIP TTILE MAME STREET ADDRESS TY-ST-ZIP TTILE MAME STREET ADDRESS TY-ST-ZIP TTILE ME Change Addition ME Addition ME Change Change Addition ME Change Change Change ME Change Change Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDSLEY, EDWARD B PO BOX 239	☐ Delete	TITLE NAME STREET ADDRESS	5-I			. "Change	☐ Addition
TILE TD WWINT GARLY AME BYRNE, PAUL F PO BOX 239 TALLEVAST FL 34270 TILE MAE ME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, WILLIAM PO BOX 239	☐ Delete	TITLE NAME STREET ADDRESS	WAVA	A		/px/ Change	☐ Addition
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ME Change Addition NAME STREET ADDRESS (Y-ST-ZIP) Change Addition Change Addition	AME Treet address ITY-ST-ZIP			NAME STREET ADDRESS	-	4.0 10/23/02-	000854 -01003031		
Y-ST-ZIP CITY-ST-ZIP	ITLE AME Treet address		☐ Delete	NAME				☐ Change	Addition
I. 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	ITY-ST-ZIP			CITY-ST-ZIP					

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 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE:

SI

SIGNATURE: