

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90033 019 ****61.25

DOCUMENT # 747513

1. Entity Name

E.A.A. 635, OF DELAND, FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O BOB LEE AIRPORT.CR 15A
 P. O. BOX 843
 DELAND FL 32721-7843

WILLIAM G. RACE
 20 LAZY EIGHT DR.
 DAYTONA BEACH FL 32124-6716
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2589636

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

RACE, WILLIAM G.
 20 LAZY EIGHT DR.
 C.R. 15A, P.O. BOX 843
 DAYTONA BEACH FL 32124

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P VICKERS, VAN**
 STREET ADDRESS **20 SACKETT RD**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE Change Addition
 NAME **V CALVIN BROWN**
 STREET ADDRESS **2678 WILMHURST RD**
 CITY-ST-ZIP **DELAND FL 32720-1469**

TITLE Delete
 NAME **ECT CORNWELL, O H**
 STREET ADDRESS **907 E RICH AVE**
 CITY-ST-ZIP **DELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S JAMIESON, CHARLES M.**
 STREET ADDRESS **506 HOGLE**
 CITY-ST-ZIP **DELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D VONBERWITZ, B F**
 STREET ADDRESS **3153 WHISPER BLVD.**
 CITY-ST-ZIP **DELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T RACE, WILLIAM G.**
 STREET ADDRESS **20 LAZY EIGHT DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *WILLIAM G. RACE* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00 904-758-0074

DATE

DAYTIME PHONE #

CR2E037 (9/99)