

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90224 014 \*\*\*\*61.25

**DOCUMENT # N02000002008**

1. Entity Name  
**THE RUSTIC FORWARD AIR CONTROLLER ASSOCIATION, I  
NC.**



Principal Place of Business      Mailing Address

**11 POPLAR AVENUE**      **11 POPLAR AVENUE**  
**SHALIMAR FL 32579-1113**      **SHALIMAR FL 32579-1113**

2. Principal Place of Business      3. Mailing Address

**4033 INDIAN TRAIL DR**      **4033 INDIAN TRAIL DR**


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**DESTIN FL**      **DESTIN FL**

Zip      Country      Zip      Country

**32541**      **US**      **32541**      **US**



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For

**43-1964689**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, LENDY C**  
**11 POPLAR AVENUE**  
**SHALIMAR FL 32579-1113**

7. Name and Address of New Registered Agent

Name  
**NEWLAND, CLAUDE G**

Street Address (P.O. Box Number is Not Acceptable)  
**4033 INDIAN TRAIL DRIVE**

City      State      Zip Code

**DESTIN, FL**      **FL**      **32541**

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 **CLAUDE G. NEWLAND (PRESIDENT)**      DATE **2/4/03**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	NEWLAND, CLAUDE G	4033 INDIAN TRAIL DR	DESTIN FL 32541	<input type="checkbox"/>
V	SLEIGH, WILLIAM F	1243 SHIPLEY DR	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
S	ECHELBERGER, ARTHUR D	20 KIMBROUGH DR	MARY ESTHER FL 32569	<input checked="" type="checkbox"/>
T	EDWARDS, LENDY C	11 POPLAR AVENUE	SHALIMAR FL 32579-1113	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	THOMPSON, JOHN W	2617 WOODFIELD WAY	BEDFORD TX 76021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	MORNEAU, MARCEL J	11950 CEDAR CREEK DRIVE	CINCINNATI, OH 45240	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	ELLIS, DONALD L	235 GLENWOOD DRIVE	MANNING, SC 29102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	AITKEN, DOUGLAS B	1006 S WELLSBARK PL	APEX, NC 27502	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MERCER, HAROLD G	1121 BLACKBURN LANE	VIRGINIA BEACH, VA 23454-1941	<input type="checkbox"/>	<input checked="" 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 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: **CLAUDE G. NEWLAND**      DATE: **2/4/03**      PHONE: **850-654-2955**

CR2E037 (10/02)

Attachment

30032087  
#N020000208

THE RUSTIC FORWARD AIR CONTROLLER ASSOCIATION, INC

Block 11. cont.

D                    Addition

Wilson, William M.  
1541 Plaza de Lirios  
Tucson, AZ 85745