

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90118 031 ****61.25

DOCUMENT # N16012

1. Entity Name

EAA CHAPTER 866, INC.

Principal Place of Business

Mailing Address

**2021 MALINDA LANE
 TITUSVILLE FL 32796**

**2021 MALINDA LANE
 TITUSVILLE FL 32796-2620**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2967998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRANSTON, NEALE R.
 2021 MALINDA LANE
 TITUSVILLE FL 32796**

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: **VPD** Delete
 NAME: **BULLINGTON, WAYNE**
 STREET ADDRESS: **1626 LEMA DRIVE**
 CITY-ST-ZIP: **TITUSVILLE FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **ANDERSON, KIP**
 STREET ADDRESS: **5812 DEER TRAIL**
 CITY-ST-ZIP: **TITUSVILLE FL 32780**

TITLE: **D/NLE** Change Addition
 NAME: **GILBERT, LAWRENCE**
 STREET ADDRESS: **2002 MALINDA LANE**
 CITY-ST-ZIP: **TITUSVILLE FL 32780**

TITLE: **P** Delete
 NAME: **HERRING, MICHAEL**
 STREET ADDRESS: **7300 BRIGGS AVE**
 CITY-ST-ZIP: **PORT ST JOHN FL 32927**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VP** Delete
 NAME: **MORGAN, JAMES**
 STREET ADDRESS: **1188 A RON ST**
 CITY-ST-ZIP: **PORT ST JOHN FL 32927**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **THOMAS, RAYMOND**
 STREET ADDRESS: **4967 RIVEREDGE DR**
 CITY-ST-ZIP: **TITUSVILLE FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **STD** Delete
 NAME: **CRANSTON, NEALE**
 STREET ADDRESS: **2021 MALINDA AVE**
 CITY-ST-ZIP: **TITUSVILLE FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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: *Neale R. Cranston* **NEALE R. CRANSTON** / MAR., 2000 / 1-321-269-0803
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)