

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90062 001 \*\*\*\*61.25

0008984

**DOCUMENT # N43609**

1. Entity Name

**EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 90, INC**

Principal Place of Business

Mailing Address

1361 ACRES DR  
 APOPKA FL 32703  
 US

1361 ACRES DR  
 APOPKA FL 32703  
 US

2. Principal Place of Business

**15973 SE 177 ST**

3. Mailing Address

**15973 SE 177 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEIRSDALE FL**

City & State

**WEIRSDALE FL**

4. FEI Number

**59-3069979**

Applied For

Not Applicable

Zip

**32195**

Country

**MARION**

Zip

**32195**

Country

**MARION**

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

**WILLIAMSON, BILL  
 1361 ACRES DR  
 APOPKA FL 32703**

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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMSON, WILLIAM H</b>	
STREET ADDRESS	<b>1361 ACRES DR</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>LICKTEIG, KEITH</b>	
STREET ADDRESS	<b>1276 W LANGLEY CT</b>	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>LICKTEIG, KEITH</b>	
STREET ADDRESS	<b>1276 W LANGLEY CT</b>	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMSON, BILL</b>	
STREET ADDRESS	<b>1361 ACRES DR</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 H. Williamson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-02**  
 Date

**352-821-0006**  
 Daytime Phone #

CR2E037 (9/01)