

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90134 025 ****61.25

DOCUMENT # N44681

1. Entity Name

PALATKA AMATEUR RADIO CLUB, INC.

Principal Place of Business

Mailing Address

115 PENIEL CH. RD
 PALATKA FL 32177
 US

P.O. BOX 1802
 PALATKA FL 32178-1802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | Zip Code

CANON, AUBREY
 115 PENIEL CH. RD
 PALATKA FL 32177

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	CANON, AUBREY	ROUTE 3, BOX 2284	PALATKA FL 32177	<input checked="" type="checkbox"/>	D	Canon Aubrey	115 Peniel ch. Rd.	Palatka, Fl. 32177	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	COREY, NEAL	1915 WESTOVER DR.	PALATKA FL 32177	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HUGHES, ED	2101 GEARY AVE.	PALATKA FL 32177	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BRADFORD MARK	P.O. BOX 236 NA	FLORAHOME FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WOLFE, BILL	P. O. BOX 510 N/A	SAN MATEO FL 32177	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input 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: *Aubrey Canon* RE-AUBREY CANON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00 (904) 325-2492
 Date Daytime Phone #