

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002689

1. Entity Name

EAA CHAPTER 1067, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90016 033 ****61.25

Principal Place of Business

Mailing Address

350 5TH AVE. SOUTH, SUITE 200
 NAPLES FL 33940

350 5TH AVE. SOUTH, SUITE 200
 NAPLES FL 34102-6524

2. Principal Place of Business

260 AVIATION DRIVE

3. Mailing Address

260 AVIATION DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0541825

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

34104

Country

USA

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

AMATO, LOUIS X ESQ.
350 5TH AVE. SOUTH, SUITE 200
NAPLES FL 34102

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 PD Delete
 NAME QUIGLEY, JIM
 STREET ADDRESS 186 NORTH ST
 CITY-ST-ZIP NAPLES FL 34103

TITLE PD Change Addition
 NAME LYNN DAFFRON
 STREET ADDRESS 1854 HARBOR LANE
 CITY-ST-ZIP NAPLES FL 34104

TITLE VPD Delete
 NAME MCDANIEL, FRED
 STREET ADDRESS 698 PINE VALE DR.
 CITY-ST-ZIP NAPLES FL 33942

TITLE VPD Change Addition
 NAME TED BROSSEAU
 STREET ADDRESS 1450 JEWEL BOX AVE.
 CITY-ST-ZIP NAPLES FL 34102

TITLE TD Delete
 NAME JANSEN, JENS
 STREET ADDRESS 1055 LASTRADA LANE
 CITY-ST-ZIP NAPLES FL 34103

TITLE TD Change Addition
 NAME DOUG MACALLISTER
 STREET ADDRESS 3690 27th AVE. SW
 CITY-ST-ZIP NAPLES FL 34117

TITLE S Delete
 NAME LOUIS X. AMATO
 STREET ADDRESS 350 5TH AVE. SOUTH
 CITY-ST-ZIP NAPLES FL

TITLE SD Change Addition
 NAME BARB KEIL
 STREET ADDRESS 4481 BEECHWOOD LAKE DR.
 CITY-ST-ZIP NAPLES FL 34112

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 information.

SIGNATURE: Lynn Daffron, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 941-774-3737
 Date Daytime Phone #

CR2E037 (9/99)