

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0089501

DOCUMENT # N94000002689

1. Entity Name

EAA CHAPTER 1067, INC.

04-09-2001 90006 040 ****61.25

Principal Place of Business

Mailing Address

**160 AVIATION DRIVE
 NAPLES FL 34104**

**160 AVIATION DRIVE
 NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0541825

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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 NAME	PD QUIGLEY, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	186 NORTH ST	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	VPD MCDANIEL, FRED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	698 PINE VALE DR	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE NAME	TD JANSEN, JENS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1055 LASTRADA LANE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	S LOUIS X. AMATO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	350 5TH AVE. SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD BROUSSEAU, TED.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1450 JEWEL BOX AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME	VPD FESSENDEN, NANCY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4660 5TH AVE S.W.	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE NAME	TD ROGERS GARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	723 WILLOWHEAD DR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	S KEIL, BARB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4481 BEECHWOOD LK. DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

TREASURER

4/5/2001

(941) 261-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)