

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 027 ****61.25

DOCUMENT # 119500004841 ✓
1. Entity Name
EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 98 OF N

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 12th AVENUE SOUTH Suite, Apt. #, etc. SUITE 200 City & State NAPLES, FL Zip 34102		3. Mailing Address 801 12th AVENUE SOUTH Suite, Apt. #, etc. SUITE 200 City & State NAPLES, FL Zip 34102	
Country	Country	Country	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0625093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KERMIT S. SUTTON
Street Address (P.O. Box Number is Not Acceptable) 801 12th AVENUE SOUTH, STE 200
City NAPLES
State FL
Zip Code 34102

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

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, KERMIT S. 801 12th AVE. S., STE 200 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THALHEIMER, BRUCE B. 4849 BERKELY DR. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTLE, TOM 1900 VIRGINIA AVE., STE 1302C FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kermit Sutton* 4/30/2002 (941) 263-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)