

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91481 024 \*\*\*\*61.25

**DOCUMENT # N95000004841**  
1. Entity Name  
**EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 98 OF NAPLES, INC.**



Principal Place of Business  
**801 12TH AVE. SOUTH  
SUITE 200  
NAPLES FL 34102**

Mailing Address  
**801 12TH AVE. SOUTH  
SUITE 200  
NAPLES FL 34102**

2. Principal Place of Business  
**715 10th Street South**

3. Mailing Address  
**715 10th Street South**

Suite, Apt. #, etc.

City & State  
**Naples, FL**

City & State  
**Naples, FL**

Zip  
**34102**

Country  
**USA**

Zip  
**34102**

Country  
**USA**

4. FEI Number **65-0625093**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SUTTON, KERMIT S  
801 12TH AVENUE  
SUITE 200  
NAPLES FL 34102**

**7. Name and Address of New Registered Agent**

Name  
**Kermit S. Sutton**

Street Address (P.O. Box Number is Not Acceptable)  
**715 10th Street South**

City  
**Naples**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **4/25/2003**

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, KERMIT S</b>	
STREET ADDRESS	<b>801 12TH AVENUE SOUTH SUITE 200</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THALHEIMER, BRUCE B</b>	
STREET ADDRESS	<b>4849 BERKELY DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BITTLE, TOM</b>	
STREET ADDRESS	<b>1900 VIRGINIA AVE #1302C</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>715 10th Street South</b>	
CITY-ST-ZIP	<b>Naples, FL 34102</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **4/25/2003 (239) 263-8333**

CR2E037 (10/02)