## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9900007559 1. Entity Name EAA CHAPTER 1285, INC.

FILED May 19, 2000 8:00 am Secretary of State

|   |  |  |  |   | 04-27-2000 90114   | 048 ****                      | 61.25                           |
|---|--|--|--|---|--|-------------------------------|---------------------------------|
| Principal Place of Business Mailing Address         |  |  |  |   |  |                               |                                 |
| 4668 CENTERGATE BOULEVARD<br>SARASOTA FL 34233-3809 |  | 4668 CENTERGATE BOULEVARD<br>SARASOTA FL 34233-3809                    |  |   |  |                               |                                 |
| 2. Principal Plac                                   | re of Business   | 3. Mailing Address   |  |   |  |                               |                                 |
| 2. Timopar Fides of Edunious                        |  |  |  |   | in (Milo edii) Taite anzie Anile matie a stil  | 18641 611X1 61110             | 12     10 E                     |
| Suite, Apt. #, etc.                                 |  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |   | DO NOT WRITE IN THIS SP  |                               |                                 |
| City & State  |  | City & State   |  | 4. FEI Number   | 969432   | <del></del>                   | lied For<br>Applicable          |
| Zip   | Country  | Zip  | Country  | 5. Certificate of   |  | 8.75 Addit                    | lonal                           |
|   | 6. Name and Address of Curren  | t Registered Agent   |  | 7. Name and   | Address of New Registered Ag   | ent                           |                                 |
|   |  | •  | Name   |   |  |                               |                                 |
| PITTENGER, RICHARD D                                |  |  | Street Addre   | ess (P.O. Box Number  | is Not Acceptable)   |                               |                                 |
|   | ergate Boulevard<br>Fl 34233-3809  |  |  | _   |  |                               |                                 |
| SANASUIA  | LF 04500-0000  |  | City   |   | FL   | Zip Code                      |                                 |
| 8. The above n                                      | named entity submits this statement  | for the purpose of changing its  | s registered office or reg   | istered agent, or both  | h, in the state of Florida.  |                               |                                 |
|   |  |  |  |   |  |                               |                                 |
| SIGNATURE _   |  |  | FE: Registered Agent signature re  | a. Card when a least that   | DATE   |                               | }                               |
|   | Signature, typed or printed name of registered age   | nt and title if applicable (NOI  | E. Lediztered Adeut advances   | COMPT ANGELE MISSISSISS   | 1  |                               |                                 |
|   | FILE NOW:<br>FEE IS \$61.25  | Election Campaig     Trust Fund Contrib                                |  | 55.00 May Be<br>added to Fees   | Make Check P<br>Department   |                               |                                 |
| 10.   | AFFICERS AND I   | DIRECTORS  | 11.  | ADDITIONS/CH  | ANGES TO OFFICERS AND DIR  | ECTORS IN                     | 10                              |
|   | R.L. ID P.Ho.  | Delete   | . INTLE  |   |  | ☐ Change                      | ☐ Addition                      |
| NAME<br>STREET ADDRESS                              | ULCR PONTErgal   | the Bluck  | NAME<br>STREET ADDRESS   |   |  |                               | Addition                        |
| CITY-ST-ZIP   | Sarasota, FR   | 34233-3849   | CITY-ST-ZIP  |   |  |                               |                                 |
| TITLE   | MARTIN J. VAN  | PECT Delete  | 3.171.5  |   |  | ☐ Change                      | ☐ Addition                      |
| NAME D  | 574 Garden K   | d.   | NAME<br>STREET ADDRESS   |   |  |                               | ſ                               |
| CITY-ST-ZIP   |  | 4275   | CITY-ST-ZIP  | <del> </del>  | ······································   |                               |                                 |
| TITLE NAME  | Secretary Hale   | Delete   | TITLE<br>NAME  |   |  | ☐ Change                      | Addition                        |
| STREET ADDRESS                                      | 215 No. Havana   | Rd.  | STREET ADDRESS   |   |  |                               |                                 |
| CITY-ST-ZIP   | Verice, FL 34  | 292_   | City-St-zip  |   |  | C Character                   | ☐ Addition                      |
| TITLE NAME D  | Virginia Hale.  265 No. Havana Venice, FL 34  TREMSURE PL  TRESON COX  THE Eagle Bint  Venice, FL 34 | ☐ Delate   | TITLE<br>NAME  |   |  | Change                        | ☐ Accition                      |
| STREET ADDRESS                                      | 748 Eagle Point  | Dr.  | STREET ADDRESS   |   |  |                               |                                 |
|   | Verice, IL 34  | 1292   | CITY-SI-ZIP  |   |  | ☐ Change                      | ☐ Addition                      |
| TITLE<br>NAME                                       |  | ☐ Delete   | TITLE<br>NAME  |   |  | C) Autilia                    | □ Hoomon                        |
| STREET ADDRESS                                      |  |  | STREET ADDRESS   |   |  |                               |                                 |
| CITY-ST-ZIP   | <u> </u>   |  | CITY-ST-ZIP  |   |  | ☐ Change                      | ☐ Addition                      |
| TITLE<br>NAME                                       |  | Delete   | TITLE<br>NAME  |   |  | □ Auguga                      | T-1 Medicion                    |
| STREET ADDRESS                                      | }  |  | STREET ADDRESS   |   |  |                               |                                 |
| CITY-ST-ZIP   | - What has been former.  | the state diline days and account                                      | CITY-ST-ZIP  | 1 in Speilen 110 07/9   | Vi) Florida Statutae I further co  | rtify that the                | information                     |
| 12. I hereby of indicated                           | certify that the information supplied on this report or supplemental repo                            | with this filing does not qualify<br>int is true and accurate and that | tor the exemption stated<br>at my signature shall have<br>not as required by Charl | u in Section 119.07(3)<br>re the same legal effe<br>ter 617. Florida Stavit | ди, пюнов statutes. I turther ce<br>ect as if made under oath; that I :<br>les: and that my name annears i | am an officer<br>n Block 10 r | r or director<br>or Block 11 if |
| or the cor<br>changed,                              | poration or the receiver of trustee e<br>, or on an attachment with an address                       | ss, with all other like empowers                                       | ed.  | ioi o iz, riolida diami   | / / / / / / / / / / / / spposito   |                               | ,                               |
| SIGNAT  | TURE: North  | l detathe  | <b>25</b> 2)   | 4/  | 18/00 941-   | 318-                          | 2288                            |
| PIGNA   | SIGNATURE AND TYPED  | OR PRINTED NAME OF SIGNING OFFICE                                      | ER OR DIRECTOR   | <del>/-</del>   |  | Daytime Phone #               |                                 |