


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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90293 031 \*\*\*\*61.25

**DOCUMENT # N99000007559**

1. Entity Name  
**EAA CHAPTER 1285, INC.**



Principal Place of Business      Mailing Address  
**4668 CENTERGATE BOULEVARD**      **4668 CENTERGATE BOULEVARD**  
**SARASOTA FL 34233-3809**      **SARASOTA FL 34233-3809**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0969432**      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**

**PITTENGER, RICHARD D**  
**4668 CENTERGATE BOULEVARD**  
**SARASOTA FL 34233-3809**

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PITTENGER, RICHARD D</b>
STREET ADDRESS	<b>4668 CENTERGATE BLVD.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VAN PELT, MARTIN J</b>
STREET ADDRESS	<b>574 GARDEN ROAD</b>
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>
TITLE	<b>DS</b> <input type="checkbox"/> Delete
NAME	<b>HALE, VIRGINIA</b>
STREET ADDRESS	<b>265 NORTH HAVANA ROAD</b>
CITY-ST-ZIP	<b>VENICE FL 34292</b>
TITLE	<b>DT</b> <input checked="" type="checkbox"/> Delete
NAME	<b>COX, CARSON</b>
STREET ADDRESS	<b>748 EAGLE POINT DRIVE</b>
CITY-ST-ZIP	<b>VENICE FL 34292</b>
TITLE	<b>DT</b> <input type="checkbox"/> Delete
NAME	<b>HALE, VIRGINIA</b>
STREET ADDRESS	<b>265 NORTH HAVANA ROAD</b>
CITY-ST-ZIP	<b>VENICE, FL 34292</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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: *Richard D Pittenger*

3/24/03 94-378-2288

CR2E037 (10/02)