FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 11, 2002 8:00 am Secretary of State 03-11-2002 90072 032 ***158.75

	MENT # 5405 to Aviation Country	_					
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	ace of Business dgewood Drive f, etc 03	3. Mailing Address SAME Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	SPACE		
City & State Naples.		City & State		4. FEI Number 590873313	Applied For Not Applicable		
Zip 3 41 08	Country U.S.A.	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
V Company	a will be a second			7. Name and Address of Current Registered			
	M TON OO	RIVE AGE	Name Peter Street Address (1) 5551 Ride	L. Keeley P.O. Box Number is Not Acceptable) gewood Drive, Suite 501			
	A STATE TO STATE OF THE STATE O		City Naple	sFL	34188		
SIGNATURE	named entity submits this statement for		registered office or register 2/2/0/2 Rogistered Agent Signature regulated	ed agent, or both, in the State of Florida.			
9. This corpor Tax filing re (See criteria	ation is eligible to satisfy its Intangible equirement and elects to do so.	Jentery 1 oM Alter Mey Amended Meta Greek Payab	771) (739(5)350(0) 1,1739(5)555(0) 1)UBA (6)35(25 16(6)Cepartment(c)(Stat		\$5.00 May Be Added to Fees		
NAME.	P, S, T -Keith A. S 5551 Ridgewood Dr. Naples, FL 34108	harpe	TIFILE MANUEL MANUEL STREET ADDRESS GITY STEEP	And the second s	MAR 119(I)		
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13. I hereby certify that the information supplied with this filling does not qualify for the examption 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 togstee enjoymental dependence of the corporation or the receiver or togstee enjoymental dependence of the corporation or the receiver or togstee enjoymental dependence of the corporation of the receiver or togstee enjoymental dependence of the corporation of the corporation of the corporation of the receiver or togstee enjoymental dependence of the corporation of the corporation of the receiver or togstee enjoymental dependence of the corporation of the corporation of the receiver or togstee enjoymental dependence of the corporation of the receiver or togstee enjoymental dependence of the corporation of the corporation of the corporation of the receiver or togstee enjoymental dependence of the corporation of the receiver or togstee enjoymental dependence of the corporation of the receiver or togstee enjoymental dependence of the corporation of the corporation of the corporation of the receiver or togstee enjoymental dependence of the corporation of the co							
SIGNATURE: 2 22 02 941-566-2800							

FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

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UNIFORM BUSINI	ESS REPORT	Γ (UBR)	400 Λ	{			
DOCUMENT # 1. Entity Name		-					
Orlando Aviation Country	Club, Inc.						
DO NOT WRITE	IN THIS S	PACE					
		200					
2. Principal Place of Business 5551 Ridgewood Drive	3. Mailing Address						
Suite. Apt. #, etc. Suite 203 Suite 203		·	DO NOT WRITE IN THIS SPACE				
City & State Naples, FT.	City & State		4. FEI Number 590873313	Applied For Not Applicable			
Zip Country 34108 U.S.A.	Zip	Country	5. Certificate of Status Desired	3.75 Additional e Required			
			7. Name and Address of Current Registered A	gent			
SO NOT W	DITE:	Name Peter	L. Keeley]			
DO NOT W		Sirger Address (5551 Rid	Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Drive, Suite 501				
IN THIS SP	ACE # 1		, , , , , , , , , , , , , , , , , , ,				
		City Naple	s FL	34108			
8. The above named entity submits this statement for	r the purpose of changing its	s registered office or register	ed 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). OATE							
		May 1 Fee is \$150.00	283				
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 	Atter May	//1; Fee is \$550.00 * ** ad UBR is \$61.25 bie to Department of Sta	Trust Fund Contribution.	\$5.00 May Be Added to Fees			
11. OFFICERS AND	DIRECTORS			Beside - Koniger - Arthur			
P, S, T -Keith A.		TITLE	publica de la companya de la company	12/01			
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13. I hereby certify that the information supplied with this filling 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 fify 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 turstee and the executer this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like for powerful.							