

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005854

1. Entity Name

AIRTRAN AIRWAYS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90049 003 ***150.00

Principal Place of Business

Mailing Address

9955 AIR TRAN BLVD.
ORLANDO FL 32827
US

9955 AIR TRAN BLVD.
ORLANDO FL 32827-5330
US

U T U U T U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0440712**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LEONARD, JOSEPH B	
STREET ADDRESS	9955 AIR TRAN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	SCHROETER, RICHARD	
STREET ADDRESS	9955 AIR TRAN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KALIL, THOMAS	
STREET ADDRESS	9955 AIR TRAN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAC KINNEY, JEFFREY L	
STREET ADDRESS	9955 AIR TRAN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HEAD, LESLIE	
STREET ADDRESS	9955 AIR TRAN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZOLLER, ROBERT W	
STREET ADDRESS	9955 AIR TRAN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32827	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Robert Fornaro	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9955 Air Tran Blvd	
STREET ADDRESS	Orlando, FL 32827	
CITY-ST-ZIP		
TITLE	David W Lancelot	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9955 Air Tran Blvd	
STREET ADDRESS	Orlando, FL 32827	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David W Lancelot VP-Controller 4-3-00

CR2E034 (9/99)