

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90015 029 ****61.25

DOCUMENT # N99000000967

1. Entity Name
THE CHEROKEE FLYERS, INC.

Principal Place of Business Mailing Address
2922 PIPER DRIVE 2922 PIPER DRIVE
VERO BEACH FL 32960 VERO BEACH FL 32960

C0032822



DO NOT WRITE IN THIS SPACE

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 Applied For
59-3557096 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CALDWELL, WILLIAM W
756 BEACHLAND BLVD
VERO BEACH FL 32963

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P KING, TOMMY W	<input type="checkbox"/> Delete
STREET ADDRESS	162 HARRIS DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE NAME	VP COSHOW, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS	1361 CLEARBROOK ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE NAME	T CANNON, MITCH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2190 32ND AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE NAME	S CNYTIL, TOMMY	<input type="checkbox"/> Delete
STREET ADDRESS	1412 26TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE NAME	T NAPOLITAN, MARGARET B	<input type="checkbox"/> Delete
STREET ADDRESS	2101 ATLANTIC ST APT 512	
CITY-ST-ZIP	MELBORN BEACH FL 32051	
TITLE NAME	T O'MALLEY, R P	<input type="checkbox"/> Delete
STREET ADDRESS	1120 31ST AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T MILES, CAROL A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6905 CITRUS PK BLVD	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **SIGNATURE REQUIRED** **Tommy W. King** 1/20/01 299-2683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)