

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90191 027 \*\*\*\*61.25

UN16858

DOCUMENT # **N99000000967**



1. Entity Name  
**THE CHEROKEE FLYERS, INC.**

Principal Place of Business  
**2922 PIPER DRIVE  
VERO BEACH FL 32960**

Mailing Address  
**2922 PIPER DRIVE  
VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3557096**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

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

**CALDWELL, WILLIAM W.  
756 BEACHLAND BLVD  
VERO BEACH FL 32963**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  Delete  
NAME **P SESSOMS, BUDDY**  
STREET ADDRESS **1030 38TH AVE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE  Change  Addition  
NAME **P GREEN, RICHARD M.**  
STREET ADDRESS **2140 DUNMORE LANE**  
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE  Delete  
NAME **VP KAYE, DONNA**  
STREET ADDRESS **2775 WHISTLER STREET**  
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE  Change  Addition  
NAME **VP KERN, JOEL M.**  
STREET ADDRESS **1116 32ND AVE. SW**  
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE  Delete  
NAME **T MILES, CAROL A**  
STREET ADDRESS **6905 CITRUS PK BLVD**  
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
NAME **S LANE, DEBBIE**  
STREET ADDRESS **805 15TH AVENUE**  
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE  Change  Addition  
NAME **S MILLS, TERRI L.**  
STREET ADDRESS **4435 G<sup>th</sup> PLACE SW**  
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE  Delete  
NAME **T GALLO, JOHN**  
STREET ADDRESS **660 45TH COURT SW**  
CITY-ST-ZIP **VERO BEACH FL 32968**

TITLE  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
NAME **T O'MALLEY, R P**  
STREET ADDRESS **1120 31ST AVE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE  Change  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)(l), 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: *Carol A Miles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/03** Phone: **772-519-0331**

CR2E037 (10/02)