

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072311

1. Entity Name

FALCON TRAVEL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90252 042 ***150.00

Principal Place of Business
312 AVENUE K. S E
WINTER HAVEN FL 33880-147
US

Mailing Address
312 AVENUE K. SE
WINTER HAVEN FL 33880-4147
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3396837

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

MCLENDON, CAROLYN A
312 AVENUE K, S.E.
WINTER HAVEN FL 33880

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

Carolyn A McLendon

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 D ☐ Delete
NAME MAULDEN, D F
STREET ADDRESS 5 CYPRESS COVE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE D ☐ Change ☒ Addition
NAME MCLENDON, GLEN
STREET ADDRESS 1290 LAKE MIRROR DRIVE, SOUTH
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D ☐ Delete
NAME MCLENDON, CAROLYN A
STREET ADDRESS 1290 LAKE MIRROR DRIVE, SOUTH
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAULDEN, LORRAINE
STREET ADDRESS 5 CYPRESS COVE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Carolyn A McLendon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn A McLendon

4/6/00

863-294-7585

Date

Daytime Phone #