

# 2000 UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**  
 02-14-2000 90020 036 \*\*\*150.00

**DOCUMENT # P98000065818**

1. Entity Name  
**GREAT AMERICAN FLYING CIRCUS, INC.**

Principal Place of Business <b>MARINER WAY ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>608 MARINER WAY ALTAMONTE SPRINGS FL 32701-5434</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3525157</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KITTINGER, JOSEPH W 608 MARINER WAY ALTAMONTE SPRINGS FL 32701</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**OFFICERS AND DIRECTORS**

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

ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D SNOW, ROBERT R 239 EAST COPELAND ORLANDO FL 32806</b>	<input type="checkbox"/>		
<b>D KITTINGER, JOSEPH W 608 MARINER WAY ALTAMONTE SPRINGS FL 32701</b>	<input type="checkbox"/>		
<b>D SNOW, LINDA 239 EAST COPELAND ORLANDO FL 32806</b>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D KITTINGER, SHERRY K 608 MARINER WAY ALTAMONTE SPRINGS FL 32701</b>	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph W. Kittinger* **2-07-2000** **407-331-5635**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)