

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90160 020 \*\*\*150.00

**DOCUMENT # P98000065818**

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

Principal Place of Business  
**608 MARINER WAY  
 ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**608 MARINER WAY  
 ALTAMONTE SPRINGS FL 32701**

R0027381



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3525157**

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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**

**KITTINGER, JOSEPH W  
 608 MARINER WAY  
 ALTAMONTE SPRINGS FL 32701**

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 *Joseph W. Kittinger* (NOTE: Registered Agent signature required when reinstating) DATE *2-1-02*

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SNOW, ROBERT R</b>
STREET ADDRESS	<b>239 EAST COPELAND</b>
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KITTINGER, JOSEPH W</b>
STREET ADDRESS	<b>608 MARINER WAY</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SNOW, LINDA</b>
STREET ADDRESS	<b>239 EAST COPELAND</b>
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KITTINGER, SHERRY K</b>
STREET ADDRESS	<b>608 MARINER WAY</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: *Joseph W. Kittinger* Date: *2-1-02* Day Phone #: *407-831-5668*

CR2E034 (9/01)