

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90078 028 ***150.00

DOCUMENT # S77931

1. Entity Name

FLY NORTH ADVENTURES, INC.

Principal Place of Business

2206 SAWMILL CREEK RD
SITKA AK 99835
US

Mailing Address

PO BOX 1555
SITKA AK 99835
US

2. Principal Place of Business

2202 Sawmill creek Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SITKA ALASKA

City & State

4. FEI Number **59-3085253**

Applied For

Not Applicable

Zip

99835

Country

USA

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

**VASH, DALE W.
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

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

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, 2001 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 ☐ Delete
NAME **D TAYLOR, DOUGLAS**
STREET ADDRESS **2206 SAWHILL CREEK RD (PO BOX 1555)**
CITY-ST-ZIP **SITKA AK**

TITLE ☒ Change ☐ Addition
NAME **D Taylor Douglas**
STREET ADDRESS **2202 sawmill creek Rd (PO BOX 1555)**
CITY-ST-ZIP **SITKA AK 99835**

TITLE ☐ Delete
NAME **D TAYLOR, PEGGY C**
STREET ADDRESS **2206 SAW MILL CREEK RD (PO BOX 1555)**
CITY-ST-ZIP **SITKA AK**

TITLE ☒ Change ☐ Addition
NAME **D Peggy C Taylor**
STREET ADDRESS **2202 sawmill creek Rd (PO BOX 1555)**
CITY-ST-ZIP **SITKA AK 99835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)