

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 393836

1. Entity Name

TALLAHASSEE BONANZA FLYERS, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90012 008 \*\*\*150.00

Principal Place of Business <b>2548 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301</b>	Mailing Address <b>2548 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301-5925</b>
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2. Principal Place of Business <b>340 REMINGTON RUN LOOP</b>	3. Mailing Address <b>340 REMINGTON RUN LOOP</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>TALLAHASSEE, FL.</b>	City & State <b>TALLAHASSEE, FL.</b>	4. FEI Number <b>59-1398820</b>	Applied For <input type="checkbox"/>
Zip <b>32312-1402</b>	Country <b>USA</b>	Zip <b>32312-1402</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BENTLEY, CHRIS H. 2548 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name <b>FORREST R. COXEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>340 REMINGTON RUN LOOP</b> City <b>TALLAHASSEE</b> , FL <b>32312</b>	
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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 FORREST R. COXEN, PRESIDENT DATE JAN 15, 2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P COXEN, FORREST R. 1919 GIBBS DRIVE TALLAHASSEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BENTLEY, CHRIS H. 2548 BLAIRSTONE PINES DR TALLAHASSEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Forrest R. Coxen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15, 2000 (850) 385-3188

Date

Daytime Phone #