

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 652404

1. Entity Name

RATHER FLY, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90028 016 ***150.00

Principal Place of Business

Mailing Address

215 US 27 S
SEBRING FL 33870-2105
US

1303 TALBOTT CIRCLE
AVON PARK FL 33825-9722
US

2. Principal Place of Business

2823 US 27 NORTH

3. Mailing Address

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

4. FEI Number

59-1965932

Applied For

Not Applicable

Zip

33870-1626

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFING, DONALD A.
1303 TALBOTT CRCL.
AVON PARK FL 33825

7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
V
GRIFFING, MICHAEL C
1303 TALBOTT CRCL.
AVON PARK FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
P
GRIFFING, DONALD A.
1303 TALBOTT CRCL.
AVON PARK FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
ST
GRIFFING, BEVERLY I
1303 TALBOTT CRCL.
AVON PARK FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Donald A. Griffing DONALD A. GRIFFING

Date

Daytime Phone #

CR2E034 (9/99)