

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849782

1. Entity Name

RICH AVIATION, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90053 038 \*\*\*150.00

Principal Place of Business

7500 ST. ANDREWS DRIVE  
LAKE WORTH FL 33467-1317

Mailing Address

PO BOX 245  
BUFFALO NY 14240-0245

2. Principal Place of Business

BUFFALO, N.Y.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 245

Suite, Apt. #, etc.

City & State

BUFFALO

City & State

N.Y.

Zip

Country

Zip

14225

Country

4. FEI Number

59-2099124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

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	T	<input checked="" type="checkbox"/> Delete
NAME	HADDAD, JAMES R	
STREET ADDRESS	ONE WEST FERRY ST.	
CITY-ST-ZIP	BUFFALO NY 14213	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICH, ROBERT E JR	
STREET ADDRESS	1145 NIAGARA ST	
CITY-ST-ZIP	BUFFALO NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICH, ROBERT E	
STREET ADDRESS	1150 NIAGARA ST.	
CITY-ST-ZIP	BUFFALO NY 14213	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SEGARRA, JOSEPH W	
STREET ADDRESS	ONE WEST FERRY ST.	
CITY-ST-ZIP	BUFFALO NY 14213	
TITLE	S	<input type="checkbox"/> Delete
NAME	HURLEY, MAUREEN O	
STREET ADDRESS	1159 NIAGARA ST.	
CITY-ST-ZIP	BUFFALO NY 14213	
TITLE	AT	<input type="checkbox"/> Delete
NAME	TREGO, CHARLES R JR	
STREET ADDRESS	1150 NIAGARA ST	
CITY-ST-ZIP	BUFFALO NY 14213	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Joe A. Bond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000  
Date

714-878-8000  
Daytime Phone #

CR2E034 (9/99)