

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001319**

1. Entity Name

WILLIAM VICTOR AVIATION, LTD.

Principal Place of Business

**855 - ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225**

Mailing Address

**855 - ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DAVIS, JERRY W

**855 - ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

855 - 601 ST. JOHN BLUFF RD

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. Capital Contributions
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F98000002966**
NAME **BULL GATOR, INC.**
STREET ADDRESS **32 W. LOCKERMAN STREET**
CITY-ST-ZIP **DOVER DE 19904**

DOCUMENT # **F98000002967**
NAME **DOWNUNDER (1995) COMPANY, INC.**
STREET ADDRESS **32 W. LOCKERMAN STREET**
CITY-ST-ZIP **DOVER DE 19904**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/01 904 996-7102

Date

Daytime Phone #

FILED

01 MAY 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

5/29

4. FEI Number

59-3512828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E003 (11/00)

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