# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**
**Jul 05, 2000 8:00 am**
**Secretary of State**
05-15-2000 90266 008 ***150.00

DOCUMENT # F28801

1. Entity Name

NORTH CAPTIVA AIR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4346 HIDDEN RIVER ROAD<br>SARASOTA FL 34240<br>US | 4346 HIDDEN RIVER ROAD<br>SARASOTA FL 34240-8637<br>US |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2087051 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| FETT, HAROLD J<br>4346 HIDDEN RIVER ROAD<br>34240 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
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. (See criteria on back) ☐ | FILE NOW!!! FEE IS $150.00<br>After MAY 1, 2000 Fee will be $550.00<br>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 | D<br>GOYNER, WALLACE<br>4655 LUCE ROAD<br>LAKELAND FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P.<br>GOYNER WALLACE<br>4655 LUCE RD<br>LAKELAND FL<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAKER, THOMAS H.<br>19200 ARGO DR.<br>ALVA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [redacted]<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>REED, RUSSELL N.<br>261 WOODLAKE CIR<br>DEERFIELD BEACH FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RUSSELL N REED<br>833 MONTICELLO CT<br>CAPE CORAL FL 33904<br>☒ Change ☐ Addition<br>ADDRESS ONLY |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP-D<br>MIKLAVCIC, JOSEPH<br>PO BOX 419 N/A<br>PINELAND FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | NO TITLE<br>JOSEPH W MIKLAVCIC<br>PO BOX 419<br>PINELAND FL<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCKEE, WILLAM F<br>2325 WOODLEY AVE<br>LAKELAND FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | NONE<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>FETT, HAROLD J<br>4346 HIDDEN RIVER ROAD<br>SARASOTA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (6/99)

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 HAROLD FETT 4/28/00 941-371-0165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #