

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90293 022 \*\*\*150.00

DOCUMENT # F28801

1. Entity Name

NORTH CAPTIVA AIR, INC.

Principal Place of Business

4346 HIDDEN RIVER ROAD  
SARASOTA FL 34240  
US

Mailing Address

4346 HIDDEN RIVER ROAD  
SARASOTA FL 34240  
US

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  
4346 HIDDEN RIVER ROAD  
SARASOTA FL 34240

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, 2001 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 VP  
NAME COYNER, WALLACE  
STREET ADDRESS 4655 LUCE ROAD  
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BAKER, THOMAS H.  
STREET ADDRESS 19200 ARGO DR.  
CITY-ST-ZIP ALVA FL ☒ Delete

TITLE DIRECTOR  
NAME DONNA G BAKER  
STREET ADDRESS 19200 ARGO DR  
CITY-ST-ZIP ALVA, FL ☐ Change ☒ Addition

TITLE PD  
NAME REED, RUSSELL N.  
STREET ADDRESS 833 MONTICELLO CT  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME MIKLAVCIC, JOSEPH  
STREET ADDRESS PO BOX 419 N/A  
CITY-ST-ZIP PINELAND FL ☐ Delete

TITLE ~~REED~~ DIRECTOR  
NAME JOSEPH W MIKLAVCIC  
STREET ADDRESS PO BOX 419  
CITY-ST-ZIP PINELAND FL 33945 ☒ Change ☐ Addition

TITLE D  
NAME MCKEE, WILLAM F  
STREET ADDRESS 2325 WOODLEY AVE  
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST  
NAME FETT, HAROLD J  
STREET ADDRESS 4346 HIDDEN RIVER ROAD  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD J FETT

SECRETARY

4/28/2001

94-371-0165

Date

Daytime Phone #

CR2E034 (10/00)