

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001474

1. Entity Name

HAWTHORNE AVIATION, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90233 014 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 61000  
CHARLESTON SC 29402

P.O. BOX 61000  
CHARLESTON SC 29419-1000

2. Principal Place of Business

PO Box 525  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 525  
Suite, Apt. #, etc.

City & State

Winston-Salem, NC

City & State

Winston-Salem, NC

Zip

27102

Country

USA

Zip

27102

Country

USA

4. FEI Number

57-0179100

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

APPLEBAUM, DEANNA L  
11600 AVIATION BLVD., 11600 BLDG.  
PALM BEACH GARDENS FL 33410

Name

Chambers, Mony

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

11600 Aviation Blvd., 11600 Bldg.

City

Palm Beach Gardens

FL

Zip Code

33410

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARTON, T D	
STREET ADDRESS	PO BOX 525	
CITY-ST-ZIP	WINSTON-SALEM NC 27102	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	THRIFT, BILL	
STREET ADDRESS	PO BOX 525	
CITY-ST-ZIP	WINSTON-SALEM NC 27102	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LEDFORD, GREGORY	
STREET ADDRESS	1001 PENN. AVE	
CITY-ST-ZIP	WASHINGTON DC 20004	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, WILLIAM T	
STREET ADDRESS	P.O. BOX 61000 N/A	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	FLORENCE, JAMES F	
STREET ADDRESS	PO BOX 525	
CITY-ST-ZIP	WINSTON-SALEM NC 27102	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLORENCE, JAMES F	
STREET ADDRESS	PO BOX 525	
CITY-ST-ZIP	WINSTON-SALEM NC 27102	

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:

James H. Florence James H. Florence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)