

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90065 036 ***150.00

DOCUMENT # F94000001474

1. Entity Name

HAWTHORNE AVIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 525
 WINSTON-SALEM NC 27102

PO BOX 525
 WINSTON-SALEM NC 27102

975415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11600 AVIATION BLVD.

3. Mailing Address

Suite, Apt. #, etc.

BLDG. 11600

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

Zip

33420

Country

Zip

Country

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

CHAMBERS, MONY
11600 AVIATION BLVD., 11600 BLDG.
PALM BEACH GARDENS FL 33410

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

Monix Chambers

4/30/01

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 **PD** ☐ Delete
 NAME **HARTON, T D**
 STREET ADDRESS **PO BOX 525**
 CITY-ST-ZIP **WINSTON-SALEM NC 27102**

TITLE **VCFO** ☐ Change ☐ Addition
 NAME **URBANIA, M. MARK**
 STREET ADDRESS **2006 NEEDLELEAF LN**
 CITY-ST-ZIP **GREENSBORO, NC 27410**

TITLE **SVP** ☐ Delete
 NAME **THRIFT, BILL**
 STREET ADDRESS **PO BOX 525**
 CITY-ST-ZIP **WINSTON-SALEM NC 27102**

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

TITLE **VPS** ☐ Delete
 NAME **LEDFOORD, GREGORY**
 STREET ADDRESS **1001 PENN. AVE**
 CITY-ST-ZIP **WASHINGTON DC 20004**

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

TITLE **D** ☐ Delete
 NAME **STRICKLAND, WILLIAM T**
 STREET ADDRESS **P.O. BOX 61000 N/A**
 CITY-ST-ZIP **CHARLESTON SC**

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

TITLE **VCFO** ☒ Delete
 NAME **FLORENCE, JAMES F**
 STREET ADDRESS **PO BOX 525**
 CITY-ST-ZIP **WINSTON-SALEM NC 27102**

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

TITLE **S** ☒ Delete
 NAME **FLORENCE, JAMES F**
 STREET ADDRESS **PO BOX 525**
 CITY-ST-ZIP **WINSTON-SALEM NC 27102**

TITLE ☐ Change ☐ 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:

Monix Chambers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

DATE

336-776-6084

DAYTIME PHONE #

CR2E034 (10/00)