

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002447

1. Entity Name

MIRACLE FLIGHTS FOR KIDS, INC.

Principal Place of Business

2756 NO GREEN VALLEY PKWY.  
STE 115  
GREEN VALLEY NV 89014-100  
US

Mailing Address

2756 NO GREEN VALLEY PKWY.  
STE 115  
GREEN VALLEY NV 89014-100  
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

88-0209952

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSLOW, TRACY 497 CARMEL MESA DR HENDERSON NV 89012 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS MCGEE(MISCHOULAM), ANN 2700 CHANDLER AVENUE, SUITE A-8 LAS VEGAS NV 89120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINSON, SCOTT 9555 DEL WEBB BLVD LAS VEGAS NV 89134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, CHUCK 7448 W SAHARA, STE 101 LAS VEGAS NV 89117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFFLER, LARRY 3351 S HIGHLAND, #210 LAS VEGAS NV 89109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, JR F 3770 HOWARD HUGHES PKWY, #300 LAS VEGAS NV 89109 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Groesbeck, Robert 77 E. Sahara, #400 Las Vegas, NV 89104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hughes, Shauna 240 Water Street Henderson, NV 89015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDonald, Michael 3351 South Highland Drive, #210 Las Vegas, NV 89109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yeager, Jeana Route #2, Box #33 Campbell, TX 75422 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*ANN D. MCGEE* REQUIRED. McGee President 2/5/01 702-861 0494

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90399 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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