

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006483

1. Entity Name

WINGS OF FREEDOM, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90041 003 ****61.25

Principal Place of Business

Mailing Address

7001 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO FL 32819
US

7001 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO FL 32819-8351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1667379

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STOKES, KEITH
2724 TIERRA CIRCLE
WINTER PARK FL 32792

Name

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

720 S. Chickasaw Trail

City

ORLANDO

FL

Zip Code

32825

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 ☐ Delete
NAME PCD
STREET ADDRESS JANNEY, AL
CITY-ST-ZIP P.O. BOX 574003 N/A
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9108 Leswood Dr
CITY-ST-ZIP Orlando, FL 32825

TITLE ☐ Delete
NAME D
STREET ADDRESS JANNEY, DAVID A
CITY-ST-ZIP 1515 ENSENADA DRIVE
ORLANDO FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS STOKES, KEITH
CITY-ST-ZIP 2724 TIERRA CIRCLE
WINTER PARK FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 720 S. Chickasaw Trail
CITY-ST-ZIP Orlando, FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

407-277-8671

Daytime Phone #

CR2E037 (9/99)