

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90088 001 \*\*\*150.00  
 05-19-2002 90088 002 \*\*\*150.00

**DOCUMENT # F99000006377**

1. Entity Name

**MID RIVERS PARASAILING, INC.**

Principal Place of Business

Mailing Address

**39 HUNTING CREEK  
 ST. PETERS MO 63376**

**39 HUNTING CREEK  
 ST. PETERS MO 63376**

2. Principal Place of Business

**4330 CORTEZ**

Suite, Apt. #, etc.

City & State

**BRADENTON FL**

Zip **34209**

Country **MANATEE**

3. Mailing Address

**7912 24 AV**

Suite, Apt. #, etc.

**WEST**

City & State

**BRADENTON FL**

Zip **34209**

Country **MANATEE**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**43-1710773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HANNE, KIRK  
 7912 24TH AVE W  
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name **KIRK HANNE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7912 24 AV WEST BRADENTON**

City **MANATEE**

FL

Zip Code **34209**

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

*Kirk Hanne*

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, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HANNE, KIRK</b>	
STREET ADDRESS	<b>39 HUNTING CREEK</b>	
CITY-ST-ZIP	<b>ST. PETERS MO 63376</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BURROUGHS, BARBARA</b>	
STREET ADDRESS	<b>39 HUNTING CREEK</b>	
CITY-ST-ZIP	<b>ST. PETERS MO 63376</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

**SIGNATURE REQUIRED**

*Kirk Hanne*

Date

Daytime Phone #

CR2E034 (9/01)