

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # G46638**

1. Entity Name

**FALCON FLYERS, INC.**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90101 016 \*\*\*150.00

Principal Place of Business

Mailing Address

**945 29TH COURT  
 VERO BEACH FL 32960**

**945 29TH COURT  
 VERO BEACH FL 32960-6101**

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 **59-2386380**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEM, JEFFREY**

~~11401 ANHINGA DR~~ **906 REEF LANE**  
~~WELLINGTON FL 33414~~ **VERO BEACH, FL 32963**

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

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**  Delete  
 NAME **CUTRIGHT, D**  
 STREET ADDRESS **6365 45TH ST**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **CLEM, JEFFREY**  
 STREET ADDRESS **11491 ANHINGA DR**  
 CITY-ST-ZIP **WELLINGTON FL**

TITLE  Change  Addition  
 NAME **CLEM, JEFFREY**  
 STREET ADDRESS **906 REEF LANE**  
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **STD**  Delete  
 NAME ~~**RAUSCH, ROBERT R.**~~  
 STREET ADDRESS **945 29TH CT.**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CRIFE, MARCUS**  
 STREET ADDRESS **4200 60TH COURT**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  Change  Addition  
 NAME **JOHNSON, WILLIAM**  
 STREET ADDRESS **2220 SILVER SANDS COURT**  
 CITY-ST-ZIP **VERO BEACH, FL 32963**

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

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: *Robert R. Rausch* **ROBERT R. RAUSCH**

4-19-00

561 569-0771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)