

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90064 012 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # J20572</b>	
1. Entity Name	
<b>GARDNER AIRPORT, INC.</b>	

Principal Place of Business	Mailing Address
<b>364 FISH BRANCH RD ZOLFO SPRINGS FL 33890 US</b>	<b>364 FISH BRANCH RD ZOLFO SPRINGS FL 33890-2774 US</b>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
<b>59-2695538</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>FARWELL, E. RAY 364 FISH BRANCH RD ZOLFO SPRINGS FL 33890</b>	

7. Name and Address of New Registered Agent	
Name	<b>Hazel C. Farwell</b>
Street Address (P.O. Box Number is Not Acceptable)	<b>364 FISH BRANCH Road</b>
City	<b>Zolfo Springs FL 33890</b>

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 <b>Hazel C. Farwell PST</b>	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARWELL, E. RAY</b>	NAME	<b>Hazel C Farwell</b>
STREET ADDRESS	<b>364 FISH BRANCH RD</b>	STREET ADDRESS	<b>364 Fish Branch Road</b>
CITY-ST-ZIP	<b>ZOLFO SPRINGS FL</b>	CITY-ST-ZIP	<b>Zolfo Springs FL 33890</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARWELL, HAZEL C.</b>	NAME	
STREET ADDRESS	<b>364 FISH BRANCH RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ZOLFO SPRINGS FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <b>Hazel C. Farwell</b>	<b>Hazel C. Farwell</b>	<b>863-735-1128</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CR2E034 (9/99)