2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
02-09-2000 90323 001 ****88.75

DOCUMENT # J69680

1. Entity Name

COMAIR AVIATION ACADEMY, INC.

Principal Place of Business	Mailing Address
2700 FLIGHT LINE AVENUE SANFORD FL 32772 US	2700 PLIGHT LINE AVENUE SANFORD FL 32773 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2700 FLIGHT LINE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32773 / Country	Zip / Country

4. FEI Number 59-2802660 ☐ 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
THE PRENTICE-HALL CORPORATION SYSTEMS INC 1201 HAYS ST 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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO GREEN, GARY 2258 TOWER DR ERLANGER KY 41018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MC DONALD, BRIAN 2258 TOWER DR ERLANGER KY 41018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURRELL, SUSAN 2700 PLIGHT LINE AVENUE SANFORD FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT 2700 FLIGHT LINE AVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CEYNOWA, WAYNE 2258 TOWER DR ERLANGER KY 41018	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOCUM, MIKE 2700 PLIGHT LINE AVENUE SANFORD FL 32773	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~2700 PLIGHT LINE AVE~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO-VP W. THOMAS MONTGOMERY 2700 FLIGHT LINE AVE SANFORD, FL 32773	☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #