

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015353

1. Entity Name  
AVION AIR ACADEMY, L.L.C.



**FILED**

03 APR 30 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2841 FLIGHTLINE AVENUE  
SANFORD, FL 33773

Mailing Address  
2841 FLIGHTLINE AVENUE  
SANFORD, FL 33773

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  
28-6443810

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, N. DWAYNE JR ESQ  
GREENSPOON, MARDER, ET AL  
135 W. CENTRAL BLVD., STE. 1100  
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

100017623261  
04/30/03--01122--016 \*\*50.00

9. MANAGING MEMBERS / MANAGERS

TITLE NAME MGR  
NAME FLY BY THE SEAT, L.L.C.  
STREET ADDRESS 2100 COUNTRY CLUB ROAD  
CITY-STATE-ZIP SANFORD, FL 32771 ☐ Delete

TITLE NAME MGR  
NAME GRAY, N. DWAYNE JR  
STREET ADDRESS 135 W CENTRAL BLVD SUITE 1100  
CITY-STATE-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
~~04/30/03--01122--016 \*\*50.00~~

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

TITLE NAME MGR  
NAME John Schlater  
STREET ADDRESS 615 Copeland Mill Rd.  
CITY-STATE-ZIP Westerville, OH 43081 ☐ Change ☒ Addition

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

*N. Dwayne Gray, Jr.*

N. Dwayne Gray, Jr. MGR 4/23/04 407-425-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)