

# 2001 UNIFORM BUSINESS REPORT (UBR)

5

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90990 009 \*\*\*\*61.25

DOCUMENT # N00000005497

1. Entity Name

WINGS FOR LIFE, INC.

Principal Place of Business  
 Associated Marine Institutes  
 5915 Benjamin Center Drive  
 Tampa, FL 33634

Mailing Address  
 Associated Marine Institutes  
 5915 Benjamin Center Drive  
 Tampa, FL 33634

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

59-3662308

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

Hull David J.  
 Smith, Hulsey & Busey  
 225 Water Street, Ste. 1800  
 Jacksonville, FL 32202

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution

☐

\$5.00 May Be  
 Added to Fees

**Make Check Payable to:**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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TITLE	<input type="checkbox"/> Delete
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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
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CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

See list

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: O.B. Stander

4/16/01

313-887-3300

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/00)

Attachment Doc# N 00000005497

WINGS for Life, Inc. . . . .

C 0058912

Robert S. Weaver, Chairman  
5915 Benjamin Center Drive  
Tampa, FL 33634

O.B. Stander, President  
5915 Benjamin Center Drive  
Tampa, FL 33634

Frederick D. Kremer, Secretary/Treasurer  
5915 Benjamin Center Drive  
Tampa, FL 33634