

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004107

1. Entity Name

WRIGHT FLIGHT OF FLORIDA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90070 030 ****61.25

Principal Place of Business

Mailing Address

201 CESSNA BLVD #4
DAYTONA BEACH FL 32124

201 CESSNA BLVD #4
DAYTONA BEACH FL 32124-6856

2. Principal Place of Business

3. Mailing Address

1922 Whisperwood Way

1922 Whisperwood Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

59-3468223

Applied For

Not Applicable

Zip

Country

32124

Zip

Country

32124

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

DAVIS, ANN T

201 CESSNA BLVD #4

DAYTONA BEACH FL 32124

Name

Anne T. Davis

Street Address (P.O. Box Number is Not Acceptable)

1922 Whisperwood Way

City

Daytona Beach, FL

FL

Zip Code

32124

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CUMMOCK, DAVID R
2890 BORMAN CTD #4
DAYTONA BEACH FL 32124

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
COUNCILL, JAMES W
103 ALANWOOD DR
ORMOND BEACH FL 32174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
CUMMOCK, MARGUERITE H
2890 BORMAN CT
DAYTONA BEACH FL 32124

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBBINS, ROBERT M
40 N ST ANDREWS DR
ORMOND BEACH FL 32174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
T
COUNCILL, JAMES W
~~201 CESSNA BLVD #4~~
~~DAYTONA BEACH FL 32124~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Councill, James W.
103 Alanwood Drive
Ormond Beach FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RYAN, PATRICIA J
8 SHELLY WAY
ORMOND BEACH FL 32174

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

(904) 760-7142

CR2E037 (9/99)