

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90157 045 ****61.25

DOCUMENT # N98000001354

1. Entity Name

ADVENTURE AIR RACING, INC.

Principal Place of Business

Mailing Address

1230 S. MYRTLE AVENUE
 SUITE 101
 CLEARWATER FL 33756

1230 S. MYRTLE AVENUE
 SUITE 101
 CLEARWATER FL 33756-3445

2. Principal Place of Business

3. Mailing Address

3856 McKay Creek Dr.
 Suite, Apt. #, etc.

3856 McKay Creek Dr.
 Suite, Apt. #, etc.

City & State

City & State

LARGO, FL

LARGO, FL

Zip *33770-4566*

Country *USA*

Zip *33770-4566*

Country *USA*

4. FEI Number

59-3487098

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

GUTHRIE, J. MARVIN
 1230 S. MYRTLE AVENUE
 SUITE 101
 CLEARWATER FL 33756

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 **PD** Delete
 NAME **DAWSON, JOHN**
 STREET ADDRESS **4150 OCTOBER ROAD**
 CITY-ST-ZIP **RICHMOND VA 23234**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JOHNSON, ROY**
 STREET ADDRESS **11006 WINDHAM HILL ROAD**
 CITY-ST-ZIP **GLEN ALLEN VA 23059**

TITLE **D** Change Addition
 NAME **7004**
 STREET ADDRESS **~~7004~~ MULHOLLAND Dr.**
 CITY-ST-ZIP **Glen Allen, VA 23060**

TITLE **D** Delete
 NAME **LANSON, SUSAN**
 STREET ADDRESS **2961 LACONCHA DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FINKE, CHERYL**
 STREET ADDRESS **3856 MCKAY CREEK DRIVE**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

ORIGINAL REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fundst

18 JAN 00

727-581-3987

Date

Daytime Phone #