

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P13690**

1. Entity Name

VOLARE, LTD. CORPORATION**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90010 009 ***150.00

Principal Place of Business

Mailing Address

**270 RUTHERFORD LANE
COLUMBIA TN 38401
US****P. O. BOX 89
COLUMBIA TN 38402-0089
US****B0007792**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0681480**Applied For
Not Applicable

Zip

Country

Zip

Country

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****RUMMEL, MARY
2323 CORBETT ROAD
ORLANDO FL 32826**

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**

TITLE	S	<input type="checkbox"/> Delete
NAME	MORRIS, AUDREY	
STREET ADDRESS	270 RUTHERFORD LANE	
CITY-ST-ZIP	COLUMBIA TN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRETTENHOFER, JOSEPH	
STREET ADDRESS	270 RUTHERFORD LANE	
CITY-ST-ZIP	COLUMBIA TN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SWAROVSKI, M.	
STREET ADDRESS	240 RUTHERFORD LANE	
CITY-ST-ZIP	COLUMBIA TN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPROUL, JOHN	
STREET ADDRESS	270 RUTHERFORD LN	
CITY-ST-ZIP	COLUMBIA TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

Audrey Morris **Audrey Morris** 1/19/00 (931) 388-5900