## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 12, 2000 8:00 am DOCUMENT # **P94000010691 Secretary of State** NOSTALGIC AIR ADVENTURES, INC. 06-12-2000 90031 014 \*\*\*150.00 Mailing Address Principal Place of Business 9363 WHIPPOORWILL TR 9363 WHIPPOORWILL TR JUPITER FL 33478 JUPITER FL 33478-6373 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0486666 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULL, RONALD D Street Address (P.O. Box Number is Not Acceptable) 9363 WHIPPOORWILL TR JUPITER FL 33478 Zio 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, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition 7/17/F TITLE ☐ Delete BULL, RONALD D NAME NAME 9363 WHIPPOORWILL TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL Change | ☐ Addition DTS Delete TITLE GATES, GERRIT A NAME NAME STREET ADDRESS **648 EASTWIND DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N PALM BEACH FL ☐ Change ☐ Addition DILE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change - - Addition TITLE Delete NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF

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: