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

changed, or on an attachment with a

ddress, with all other like empowered

## FILED DOCUMENT # P94000036517 Apr 25, 2000 8:00 am 1. Entity Name Secretary of State SOUTH FLORIDA JET INITIATIVE, INC. 04-25-2000 90057 016 \*\*\*150.00 Principal Place of Business Mailing Address 11854 REGIONAL LANE 11854 REGIONAL LANE FT. MYERS FL 33913 FT. MYERS FL 34104-3583 3. Mailing Address 2. Principal Place of Business Aviation Dr. blos 100 Aviation Or. 00 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0497562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDDER, BOBBY L JR. Street Address (P.O. Box Number is Not Acceptable 4 105 11854 REGIONAL LANE FT. MYERS FL 33913 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. (NOTE: Registered Agent signature required when 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. Added to Fees $\Box$ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 **VPT** Delete TITI F Addition TITLE RUDDER, BOBBY L NAME NAME STREET ADDRESS 11854 REGIONAL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33913 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 this stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if