

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017761

1. Entity Name

WINTER PARK AVIATION, INC.

Principal Place of Business

1001 BONITA DRIVE
WINTER PARK FL 32789

Mailing Address

1001 BONITA DRIVE
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3299558

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

BARNETT, JAMES C MD
1001 BONITA DRIVE
WINTER PARK FL 32789

Name Jay C. Pearce

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

1001 Bonita Drive

City Winter Park

FL

Zip Code 32789

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

Jay C. Pearce
President

1-21-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARNETT, JAMES C MD 1001 BONITA DRIVE WINTER PARK FL 32789 | <input checked="" type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Jay C. Pearce 1001 Bonita Drive Winter Park, FL 32789 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Jay C. Pearce
President

1-21-01

407 643-1341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE