

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90030 038 \*\*\*150.00

**DOCUMENT # P96000008118**

1. Entity Name

**SARASOTA AVIATION, INC.**

Principal Place of Business

Mailing Address

**1801 GLENGARY STREET  
SUITE 202  
SARASOTA FL 34231****1801 GLENGARY STREET  
SUITE 202  
SARASOTA FL 34231-3603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0639629**

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

**VAN WINKLE, JAMES T JR.  
1801 GLENGARY STREET  
SUITE 202  
SARASOTA FL 34231**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DVPS  
VAN WINKLE, JAMES T JR.  
1099 PEREGRINE PT. COURT  
SARASOTA FL 34231**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DVPS  
James T. Van Winkle Jr.  
4920 Baccus Avenue  
Sarasota, FL 34233**☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DPAS  
BRYANT, W. MICHAEL  
1329 N. LAKESHORE DRIVE  
SARASOTA FL 34231**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
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NAME  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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 #

**2/1/00 941-923-9700**