

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008118

1. Entity Name
SARASOTA AVIATION, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90382 032 ***150.00

Principal Place of Business

1801 GLENGARY STREET
SUITE 202
SARASOTA FL 34231

Mailing Address

1801 GLENGARY STREET
SUITE 202
SARASOTA FL 34231

2. Principal Place of Business

8191 N. Tamiami Trail
SUITE 112
SARASOTA, FL

3. Mailing Address

8191 N. TAMIAHI Trail
SUITE 112
SARASOTA, FL

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34243

Country

Zip

34243

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

VAN WINKLE, JAMES T JR.
4801 GLENGARY STREET
SUITE 202
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name W. Michael Bryant
Street Address (P.O. Box Number is Not Acceptable)
1991 Hyde Park, Suite 2
City SARASOTA FL Zip Code 34239

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

W. Michael Bryant W. Michael Bryant

5/16/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS VAN WINKLE, JAMES T JR. 4920 BACCUS AVENUE SARASOTA FL 34233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS BRYANT, W. MICHAEL 1329 N. LAKESHORE DRIVE SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

W. Michael Bryant W. Michael Bryant 5/16/01 941-951-0358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)