

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000077258**

1. Entity Name

BON-AIR TRANSPORT, INC.**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90074 044 ***150.00

Principal Place of Business

1218 WAVERLY ROAD
TALLAHASSEE FL 32312

Mailing Address

1218 WAVERLY ROAD
TALLAHASSEE FL 32312

2. Principal Place of Business

1501 Park Avenue East

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

SameZip
32301Country
USAZip
SameCountry
Same4. FEI Number **59-3062477**

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****HARPER, HARRY L. ESQ.**
55 WEST FIFTH STREET
PANAMA CITY FL 32401

Name

Igler & Dougherty, P.A.

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

1501 Park Avenue East

City

Tallahassee**FL**Zip Code
32301

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

Secretary**January 10, 2001**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 State10. 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	P	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM H. HARPER	
STREET ADDRESS	1218 WAVERLY RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	HARPER, HARRY L	
STREET ADDRESS	55 W. FIFTH ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. George Igler	
STREET ADDRESS	1501 Park Avenue East	
CITY-ST-ZIP	Tallahassee, Florida	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward W. Dougherty, JR	
STREET ADDRESS	1501 Park Avenue East	
CITY-ST-ZIP	Tallahassee, Florida 32301	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herbert D. Haughton	
STREET ADDRESS	1501 Park Avenue East	
CITY-ST-ZIP	Tallahassee, Florida 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Secretary**January 10, 2001 850-878-2411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)