

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041028

1. Entity Name

FUTURE FIRST AVIATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90157 004 ***158.75

Principal Place of Business

Mailing Address

814 HWY A1A
SUITE 300
PONTE VEDRA BEACH FL 32082
US

814 HWY A1A
SUITE 300
PONTE VEDRA BEACH FL 32082
US

701747

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

59-3512680

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, CHRISTOPHER A
814 HWY A1A
PONTE VEDRA FL 32082

Name

Christopher A. White

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

814 Highway A1A North

Suite 305

City

Ponte Vedra Beach FL

Zip Code

32082

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

Christopher A. White, Registered Agent 1-10-2000

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 P ☐ Delete
NAME STELK, RANDY
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE 23
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE PC ☒ Change ☐ Addition
NAME 814 HIGHWAY A1A, SUITE 300
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SWEENEY, WILLIAM
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE 23
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VD ☒ Change ☐ Addition
NAME 814 HIGHWAY A1A, SUITE 300
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KEAVENEY, FRANCIS
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE 23
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE TD ☒ Change ☐ Addition
NAME 814 HIGHWAY A1A, SUITE 300
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME ANDERSON, ALAN
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE SUITE 23
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE SD ☒ Change ☐ Addition
NAME 814 HIGHWAY A1A, SUITE 300
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY ALAN ANDERSON

1/11/00

904-285-8900

Date

Daytime Phone #

CR2E034 (9/99)