

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2000 90157 004 \*\*\*158.75

DOCUMENT # P98000041028

1. Entity Name  
**FUTURE FIRST AVIATION, INC.**

701747



DO NOT WRITE IN THIS SPACE

Principal Place of Business 814 HWY A1A SUITE 300 PONTE VEDRA BEACH FL 32082 US	Mailing Address 814 HWY A1A SUITE 300 PONTE VEDRA BEACH FL 32082 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-3512680</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WHITE, CHRISTOPHER A 814 HWY A1A PONTE VEORA FL 32082</b>	7. Name and Address of New Registered Agent Name <b>Christopher A. White</b> Street Address (P.O. Box Number is Not Acceptable) <b>814 Highway A1A North Suite 305</b> City <b>Ponte Vedra Beach FL</b> Zip Code <b>32082</b>
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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* **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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STELK, RANDY</b> <b>5000 SAWGRASS VILLAGE CIRCLE SUITE 23</b> <b>PONTE VEDRA BEACH FL 32082</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>814 HIGHWAY A1A, SUITE 300</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SWEENEY, WILLIAM</b> <b>5000 SAWGRASS VILLAGE CIRCLE SUITE 23</b> <b>PONTE VEDRA BEACH FL 32082</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>814 HIGHWAY A1A, SUITE 300</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEAVENEY, FRANCIS</b> <b>5000 SAWGRASS VILLAGE CIRCLE SUITE 23</b> <b>PONTE VEDRA BEACH FL 32082</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>814 HIGHWAY A1A, SUITE 300</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>ANDERSON, ALAN</b> <b>5000 SAWGRASS VILLAGE CIRCLE SUITE 23</b> <b>PONTE VEDRA BEACH FL 32082</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>814 HIGHWAY A1A, SUITE 300</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Alan Anderson* **SECRETARY ALAN ANDERSON** 1/11/00 904-285-8900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)