

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004106

1. Entity Name

ORLANDO FLIGHT TRAINING, INC.

Principal Place of Business

4010 FOURTH AVE  
KISSIMMEE FL 34741

Mailing Address

4010 FOURTH AVE  
KISSIMMEE FL 34741

2. Principal Place of Business

606 N. Dyer Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

606 N. Dyer Blvd.  
Suite, Apt. #, etc.

City & State

Kissimmee, FL  
Zip 34741 Country USA

City & State

Kissimmee, FL  
Zip 34741 Country USA

4. FEI Number

52-2144410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AVIATION LEGAL GROUP, P.A.  
1041 S.E. 17TH ST., MAILBOX 15  
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

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

606 N. Dyer Blvd

City Kissimmee

FL

Zip Code 34741

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/or applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/01

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 PSTD ☐ Delete  
NAME READ, STEVE  
STREET ADDRESS ELSTREE AERODOME BORHAMWOOD  
CITY-ST-ZIP W08 3AW ENGLAND

TITLE DV ☐ Delete  
NAME HEATHCOTE, COLIN  
STREET ADDRESS ELSTREE AERODOME BORHAMWOOD  
CITY-ST-ZIP W08 3AW ENGLAND

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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

Date

Daytime Phone #

4/24/01 407-518-7706



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)