

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030634

1. Entity Name

STERLING AVCACTION RENTALS, INC.

(Vacation)

name corrected km

Principal Place of Business

4520 GOLF CLUB LN.
BROOKSVILLE FL 34609

Mailing Address

4520 GOLF CLUB LN.
BROOKSVILLE FL 34609

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3571407

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

SPADA, GAIL Z

~~4052 COMMERCIAL WAY~~ 4520 Golf Club Lane
BROOKSVILLE FL 34609

Name

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

City

FL

Zip Code

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

Gail Zinser Spada Gail Zinser-Spada

1/24/01

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

(NOTE: Registered Agent signature required when reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	SPADA, GAIL Z	
STREET ADDRESS	4520 GOLF CLUB LN	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPADA, ANTHONY F	
STREET ADDRESS	4520 GOLF CLUB LN	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAVERS, JAMES D	
STREET ADDRESS	4303 MALLORD LAKE DR	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	P	<input type="checkbox"/> Delete
NAME	TRAVERS, CAROL A	
STREET ADDRESS	4383 MALLARD LAKE DR	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4383 Mallard Lake Drive	
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:

Gail Zinser Spada Gail Zinser-Spada 1/24/01 352-796-2520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-01-2001 908 026 150.00

FILED
01 FEB - 1 PM 4:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

2/7/01