

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED

Jun 21, 2000 8:00 am  
Secretary of State

05-04-2000 90186 047 \*\*\*150.00

DOCUMENT # P99000048090

1. Entity Name

AWAY ACQUISITION CORPORATION

R

Principal Place of Business

Mailing Address

7820 SOUTH HOLIDAY DRIVE SUITE 320  
SARASOTA FL 34231

7820 SOUTH HOLIDAY DRIVE SUITE 320  
SARASOTA FL 34231-5345

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

Applied for

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

HUTCHINSON, JAMES NEAL  
7820 SOUTH HOLIDAY DRIVE SUITE 320  
SARASOTA FL 34231

Name Larry G. Rightmyer

Street Address (P.O. Box Number is Not Acceptable)  
7820 S. Holiday Dr., Suite 320

City Sarasota

FL

Zip Code 34231

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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 ☐ Delete

NAME BADOLATO, ANDREW  
STREET ADDRESS 7820 SOUTH HOLIDAY DRIVE SUITE 320  
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME PARKER, GERALD C  
STREET ADDRESS 101 PHILLIPS PARKWAY SUITE 300  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Andrew M. Badolato

4/28/00 941-925-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/99)