

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S42642**

1. Entity Name
CIRCLE L AVIATION CORPORATION

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90010 010 ***150.00

Principal Place of Business

**100 ANCHOR DRIVE ORC 472
8 CANNON POINT DRIVE
KEY LARGO FL 33037
US**

Mailing Address

**P.O. BOX 1056
LAKE GENEVA WI 53147
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 190

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE GENEVA, WI 53147

4. FEI Number **65-0251916**

Applied For

Not Applicable

Zip

Country

Zip

Country

53147

US

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

**OTZEN, KARL G.
8 CANNON PT. DR.
NORTH KEY LARGO FL 33037**

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

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, 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	P	<input type="checkbox"/> Delete
NAME	OTZEN, KARL G.	
STREET ADDRESS	2600 S FALL CREEK RD	
CITY-ST-ZIP	WILSON WY 83014	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAMMERS, GEORGE	
STREET ADDRESS	1801 SEMINARY	
CITY-ST-ZIP	ALTON IL 62002	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARKER, JR. D	
STREET ADDRESS	354 FOREST DRIVE	
CITY-ST-ZIP	WILLIAMS BAY WI 53191	
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"/> 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 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 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:

DONALD J PARKER, JR., TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-248-7878

CR2E034 (10/00)