

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98256

1. Entity Name

ALLIGATOR INTERNATIONAL AIRLINES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90112 032 ***150.00

Principal Place of Business

200 PATRIOT WAY
NAPLES 34104
US

Mailing Address

4820 BAYSHORE DRIVE SUITE D
NAPLES 34112-7337

2. Principal Place of Business

3. Mailing Address

200 Patriot Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Naples FL

Zip

Country

Zip

Country

34104

US

4. FEI Number

NOT APPLICABLE

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

LENNANE, JAMES P
4820 BAYSHORE DR STE D
STE 203
NAPLES FL 34112

Name

James P Lennane

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

200 Patriot Way

City

Naples

FL

Zip Code
34104

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, 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 PS
STREET ADDRESS LENNANE, JAMES P
CITY-ST-ZIP 4228 GORDON DRIVE
NAPLES FL 34102

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

TITLE ☐ Delete
NAME T
STREET ADDRESS BYOUK, BETTE
CITY-ST-ZIP 7032 PELICAN BAY BLVD 104
NAPLES FL 34108

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Bette Byouk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 (941) 732-5500

CR2E034 (9/99)