

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # S98256**1. Entity Name
ALLIGATOR INTERNATIONAL AIRLINES, INC.Principal Place of Business
200 PATRIOT WAY
NAPLES US 34104
Mailing Address
200 PATRIOT WAY
NAPLES US 34104 FL2. Principal Place of Business
200 PATRIOT WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL

City & State

4. FEI Number

Applied For

☒ Not ApplicableZip
34104Country
US

Zip

Country

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
200 PATRIOT WAYNAPLES FL
34112 US

Name

LENNANE JAMES P

Street Address (P.O. Box Number is Not Acceptable)
200 PATRIOT WAYCity
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 _____ **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 T ☐ Delete
NAME BYOUK BETTE
STREET ADDRESS 7032 PELICAN BAY BLVD 104
CITY-ST-ZIP NAPLES FL 34108TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PS ☐ Delete
NAME LENNANE JAMES P
STREET ADDRESS 4228 GORDON DRIVE
CITY-ST-ZIP NAPLES FL 34102TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

T

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)