2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761292 1. Entity Name R.C. BUSH PILOTS OF PALM BEACH COUNTY, INC.					Apr 24, 2000 08:00 AM Secretary of State			
Principal Place of Business Mailing Address			·					
6751 145TH PL N. 6751 145TH PL N.				•				
PALM BEACH GARDENS FL PALM BEACH GARDENS 33418 US 33418 U			FL US					
2. Principal Place of Business 3. Mailing Address 6701 MALLARDS COVE RD 6701 MALLARDS COVE RD								
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State JUPITER FL		City & State JUPITER FL		4. FEI Numbe	er			oplied For of Applicable
Zip 33458	Country us	Zîp 33458	Country	untry 5. Certificate of Status D			\$8.75 Add	fitional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Reg	istered		
LEVY ANDREW				Name LOVEJOY EDWIN C				
6751 145TH PL N.				Street Address (P.O. Box Number is Not Acceptable) 6701 MALLARDS COVE RD				
PALM BEACH GARDENS FL			6F	6F				
33418 US			City	FL Zip Code				
33458 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 EDWIN C. LOVEJOY Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
	FILE NOW: FEE IS \$61.25	inancing ion.	\$5.00 May Be Added to Fees	Make (Check	Payable to	计记录 计图像设计符件	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS	AND D	RECTORS IN	10
TITLE NAME	D DODENT	☐ Delete	TITLE	D	NDCON ANDDENY		X Change	Addition
STREET ADDRESS	MARTS ROBERT 1231 CHEROKEE ST		NAME STPEET ADDRESS	DICKERSON AND 6390 197TH PLACE N				
CITY-ST-ZIP	JUPITER	FL	CITY-ST-ZIP	JUPITER			33450	
TITLE	D	☐ Delete	TITLE	D				Addition
NAME STREET ADDRESS	EWER NAT		NAME OTREET ARRESTOR	ŀ	NVILLE			
CITY-ST-ZIP	1231 MORSE BLVD. SINGER ISLAND	FL	STREET ADDRESS CITY-ST-ZIP	309 CIRCLE W. JUPITER			33458	
TITLE	Т	☐ Delete	TITLE	Т			X Change	Addition
NAME	OSOWIECKI JOSEPH		NAME		OMS NEAL		<u>Manage</u>	[] /(00///01/
STREET ADDRESS	10237 ALLAMANDA CT		STPEET ADDRESS		WOODS EDGE CIRCLE			
CITY-ST-ZIP	PALM BEACH GARDENS	FL 33410	CITY-ST-ZIP	PALM BEACH GARDE	I BEACH GARDENS		33410	
TITLE Name	S WESTERVELT CARYLE	☐ Delete	TITLE NAME	S ASAD SHELLI	SHELLEY		🔀 Change	Addition
STREET ADDRESS	829 ORCHID DRIVE	· · · · · · · · · · · · · · · · · · ·		304 DEWBERRY WAY				
CITY-ST-ZIP	ROYAL PALM BEACH	FL 33411	CITY-ST-ZIP	WEST PALM BEACH				
TITLE	P	☐ Delete	TITLE	P/D			X Change	Addition
NAME STREET ADDRESS	LEVY ANDREW		NAME		JOY EDWIN C		:	
STREET ADDRESS CITY-ST-ZIP	6751 145TH PL N PALM BEACH GARDENS	FL	STREET ADDRESS CITY-ST-ZIP	6701 MALLARDS COV JUPITER	E KD. #6F	FL	33458	
TITLE	VP	☐ Delete	TITLE	VP			X Change	☐ Addition
NAME	CHAITIN ROBERT	□1 Deleve	NAME	MURPHY MICE	IAEL		124 Change	☐ Addition
STREET ADDRESS	8077 MAN-O-WAR RD.		STREET ADDRESS	1211 CHEROKEE ST.				
CITY-ST-ZIP	PALM BEACH GARDENS	FL 33418	CITY-ST-ZIP	JUPITER		FL	33458	

^{12.} 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.