

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90151 034 \*\*\*\*61.25

**DOCUMENT # 761292**

1. Entity Name

**R.C. BUSH PILOTS OF PALM BEACH COUNTY, INC.**

Principal Place of Business

Mailing Address

6701 MALLARDS COVE RD  
 6F  
 JUPITER FL 33458  
 US

6701 MALLARDS COVE RD  
 6F  
 JUPITER FL 33458  
 US

80130366



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1055 VIA JARDIN**

Suite, Apt. #, etc.

3. Mailing Address

**1055 VIA JARDIN**

Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS, FL.**

City & State

**PALM BEACH GARDENS, FL.**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33418**

Country

**U.S.**

Zip

**33418**

Country

**U.S.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOVEJOY, EDWIN C**  
 6701 MALLARDS COVE RD.  
 6F  
 JUPITER FL 33458

7. Name and Address of New Registered Agent

Name **STEVE SINCLAIR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1055 VIA JARDIN**  
 City **PALM BEACH GARDENS** FL Zip Code **33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Steph M. [Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-10-02**

DATE

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, MICHAEL	
STREET ADDRESS	1211 CHEROKEE ST.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	LOVEJOY, EDWIN C	
STREET ADDRESS	6701 MALLARDS COVE RD. #6F	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ASAD, SHELLEY	
STREET ADDRESS	5802 DEWBERRY WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FOX, FRAN	
STREET ADDRESS	4340 NORTH MARY CIRCLE	
CITY-ST-ZIP	LAKE PARK FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHOADS, GRANVILLE	
STREET ADDRESS	309 CIRCLE W.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKERSON, ANDREW	
STREET ADDRESS	6390 197TH PLACE N	
CITY-ST-ZIP	JUPITER FL 33450	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE SINCLAIR	
STREET ADDRESS	1055 VIA JARDIN	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED WISE	
STREET ADDRESS	725 HUMMINGBIRD WAY #124	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF KAYE	
STREET ADDRESS	12261 OLD COUNTRY ROAD	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL YONESCU	
STREET ADDRESS	9882 S.E. OSPREY POINTE DR.	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
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		

CR2E037 (4/02)

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 by an attachment with an address, with all other like empowered.

SIGNATURE: *Steph M. [Signature]* **REQUIRED**

**7-10-02 (56) 1030-5488**