

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060649

1. Entity Name

ATLANTIC COAST HELICOPTERS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90032 025 ***150.00

00028976



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2790 N FEDERAL HWY
BOCA RATON FL 33431

2790 N FEDERAL HWY
BOCA RATON FL 33431-7720

2. Principal Place of Business

3. Mailing Address

3120 AIRPORT WEST DRIVE

3120 AIRPORT WEST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number 58-2478093

Applied For
Not Applicable

Zip
32960

Country
USA

Zip
32960

Country
USA

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

PANZA, THOMAS F
3600 N FEDERAL HWY, 3RD FL
FT LAUDERDALE FL 33308

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SNOWDEN, GUY B
10613 CHARLESTON DR
VERO BEACH FL 32963 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
DIANE P. SNOWDEN
10613 CHARLESTON DRIVE
VERO BEACH, FL 32963 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
LOUIS R. MALIKOW
44 ROBINWOOD DRIVE
CLIFTON PARK, NY 12065 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JOHN J. DEMARTINI
149 DELMAR STREET
SEBASTIAN, FL 32958 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)