

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90006 048 ****61.25

DOCUMENT # 718606

1. Entity Name
ATLANTIC FLYING CLUB, INC.

Principal Place of Business Mailing Address
P.O. BOX 773 P.O. BOX 773
FERNANDINA BEACH FL 32034 **FERNANDINA BEACH FL 32035-0773**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1324610** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BISHOP, DAVID J
2038 MARLIN COURT
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW:
FEE IS \$61.25

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

TITLE	PD/T	<input type="checkbox"/> Delete
NAME	BISHOP, DAVID J	
STREET ADDRESS	2038 MARLIN COURT	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, ALFRED A	
STREET ADDRESS	1401 S. SNAPPER	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, LOUIE	
STREET ADDRESS	27 TEAL CT	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIVAR, GREGG	
STREET ADDRESS	12858 DUNN CREEK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANCH, STEVE	
STREET ADDRESS	2127 RAYRON ROAD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEASE, DAVID	
STREET ADDRESS	560 RUSH ROAD	
CITY-ST-ZIP	YULEE FL 32098	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillip SAPP	
STREET ADDRESS	2911 EASTWIND DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN ANISWORTH	
STREET ADDRESS	2031 RUSSELL ROAD	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Handwritten Signature]* Date: **1/25/00** Phone: **904 277-7342**