

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90059 017 \*\*\*150.00

**B0036734**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 651248

**1. Entity Name**  
BOCA AIRCRAFT OWNERS, INC.

**Principal Place of Business** SAME

**Mailing Address**  
3980 AIRPORT RD. BOX 10  
BOCA RATON, FL 33431

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number**  
59-2005207

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

**6. Name and Address of Current Registered Agent**  
RUDOLPH L. CUSSON  
7020 NW 240 TERRACE  
BOCA RATON, FL 33487

**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** Rudolph L. Cusson 3/3/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**11. OFFICERS AND DIRECTORS**

TITLE	<u>PRESIDENT/DIRECTOR</u>	<input type="checkbox"/> Delete
NAME	<u>HARRY WHITTLE</u>	
STREET ADDRESS	<u>1239 NW 16th STREET</u>	
CITY-ST-ZIP	<u>BOCA RATON, FL 33486</u>	
TITLE	<u>V. PRESIDENT/DIRECTOR</u>	<input type="checkbox"/> Delete
NAME	<u>C. MADISON SCHNEPP</u>	
STREET ADDRESS	<u>933 GARDENIA DR.</u>	
CITY-ST-ZIP	<u>DELRAY BEACH, FL 33483</u>	
TITLE	<u>SECT/TREAS./DIRECTOR</u>	<input type="checkbox"/> Delete
NAME	<u>RUDOLPH L. CUSSON</u>	
STREET ADDRESS	<u>7020 NW 240 TERR</u>	
CITY-ST-ZIP	<u>BOCA RATON FL 33487</u>	
TITLE	<u>MEMBER/DIRECTOR</u>	<input type="checkbox"/> Delete
NAME	<u>DONALD RILEY</u>	
STREET ADDRESS	<u>4015 N.W. 5th AVE.</u>	
CITY-ST-ZIP	<u>BOCA RATON, FL 33431</u>	
TITLE	<u>MEMBER/DIRECTOR</u>	<input type="checkbox"/> Delete
NAME	<u>SEYMOUR LIEBERMAN</u>	
STREET ADDRESS	<u>2945 N.W. 14th STREET</u>	
CITY-ST-ZIP	<u>DELRAY BEACH, FL 33445</u>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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** Rudolph L. Cusson 3/3/2000 (561) 995-9633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)