

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005450

1. Entity Name

PALM BEACH LUXURY AIRCRAFT, LLC

FILED

01 APR 18 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

209 N SEACREST BLVD  
BOYNTON BEACH FL 33435

Mailing Address

209 N SEACREST BLVD  
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1003709

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGOEY, MICHAEL J  
209 N SEACREST BLVD  
BOYNTON BEACH FL 33435

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

900004082389--1  
-04/26/01--01108--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME TURCOTTE, MARIO  
STREET ADDRESS 10398 EAST TARA BLVD  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE MGRM ☐ Delete  
NAME MENSCH, ALEXANDER B  
STREET ADDRESS 1318 ISLAND SHORES DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE MGRM ☐ Delete  
NAME COLONIAL FAMILY LP  
STREET ADDRESS 1060 SKEES ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE MGRM ☐ Delete  
NAME RACCUGLIA, LOUIS  
STREET ADDRESS 603 SPIRAL DRIVE  
CITY-ST-ZIP BRICK NJ 08724

TITLE MGRM ☐ Delete  
NAME COURSEY, JEFFRY W  
STREET ADDRESS 9446 SUN POINTE DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME SHELTON A. MICKELSON  
STREET ADDRESS 1128 ROYAL BALM BEACH BLVD, APT 265  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-5-01 242-0920

Date

Daytime Phone #

CR2E083 (11/00)