

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90508 014 ***150.00

DOCUMENT # P00000024948

1. Entity Name

ATLANTIC COAST TOWER OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 527
 PALM CITY FL 34991

Mailing Address

P.O. BOX 527
 PALM CITY FL 34991

2. Principal Place of Business

2502 Willoughby Blvd

Suite, Apt. #, etc.

3. Mailing Address

2502 Willoughby Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

65-0904402

Applied For

Not Applicable

Zip

34994

Country

Zip

34994

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOFIL & NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

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

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, 2001 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
CHAPMAN, HERBERT LEE III
P.O. BOX 527
PALM CITY FL 34991

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ 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: *Herbert Lee III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/01

561-283-9175

CR2E034 (10/00)