

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

0355637 AV

**DOCUMENT # P00000024948**

**1. Entity Name**  
**ATLANTIC COAST TOWER OF FLORIDA, INC.**

03-25-2002 90142 031 \*\*\*150.00

**Principal Place of Business**  
**1201 US HIGHWAY ONE**  
**SUITE 230**  
**NORTH PALM BEACH FL 33408**

**Mailing Address**  
**1201 US HIGHWAY ONE**  
**SUITE 230**  
**NORTH PALM BEACH FL 33408**



**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** **65-0904402**

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**

**DUFRESNE, DONALD P ESQ.**  
**BROAD AND CASSEL**  
**1 NORTH CLEMATIS STREET, #500**  
**W. PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

Name **CLIFFORD I. HERTZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**BROAD AND CASSEL**  
**ONE NORTH CLEMATIS STREET, STE. 500**  
 City **WEST PALM BEACH** **FL** Zip Code **33401**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☒ Change ☐ Addition  
**NAME** **PSD**  
**STREET ADDRESS** **CHAPMAN, HERBERT LEE III**  
**CITY-ST-ZIP** **1201 US HWY ONE, # 230**  
**NORTH PALM BEACH, FL 33408**

**TITLE** ☐ Change ☒ Addition  
**NAME** **VD**  
**STREET ADDRESS** **HERRING, DAVID M**  
**CITY-ST-ZIP** **1201 US HWY ONE, # 230**  
**NORTH PALM BEACH, FL 33408**

**TITLE** ☐ Change ☒ Addition  
**NAME** **TS**  
**STREET ADDRESS** **CIARFELLA, MARK R**  
**CITY-ST-ZIP** **1201 US HWY ONE # 230**  
**NORTH PALM BEACH, FL 33408**

**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**

**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**

**1/7/02**

Date

**564 285-0738**

Daytime Phone #

CR2E034 (9/01)