2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000024948

FILED
May 02, 2003
Secretary of State

Entity Name: ATLANTIC COAST TOWER OF FLORIDA, INC.

Current Principal Place of Business:

1201 US HIGHWAY ONE
SUITE 230
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

1681 SE ST LUCIE BOULVARD
STUART, FL 34996

Current Mailing Address:

1201 US HIGHWAY ONE
SUITE 230
NORTH PALM BEACH, FL 33408

New Mailing Address:

PO BOX 527
PALM CITY, FL 33991

FEI Number: 65-0904402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLIFFORD, HERTZ I
BROAD AND CASSEL
1 NORTH CLEMATIS STREET, #500
W. PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PSD	( ) Delete
Name:	CHAPMAN, HERBERT LEE III	
Address:	1201 US HWY ONE #230	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	VD	( ) Delete
Name:	HERRING, DAVID M	
Address:	1201 US HWY ONE #230	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	TD	( ) Delete
Name:	CLARFELLA, MARK R	
Address:	1201 US HWY ONE #230	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PSD	(X) Change ( ) Addition
Name:	CHAPMAN, HERBERT LEE III	
Address:	PO BOX 527	
City-St-Zip:	PALM CITY, FL 34991	
Title:	VD	(X) Change ( ) Addition
Name:	HERRING, DAVID M	
Address:	PO BOX 527	
City-St-Zip:	PALM CITY, FL 34991	
Title:	TD	(X) Change ( ) Addition
Name:	CLARFELLA, MARK R	
Address:	PO BOX 527	
City-St-Zip:	PALM CITY, FL 34991	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. LEE CHAPMAN PSD 05/02/2003
Electronic Signature of Signing Officer or Director Date