

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042195

1. Entity Name

DOVE HELIPORT, INC.

Principal Place of Business

6624 GATEWAY AVE.
SARASOTA FL 34231

Mailing Address

6624 GATEWAY AVE.
SARASOTA FL 34231

2. Principal Place of Business

6312 HOLLYWOOD BLVD

3. Mailing Address

6312 Hollywood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34231

Country

US

Zip

34231

Country

US

4. FEI Number

65-1005860

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, KURT F

6624 GATEWAY AVE.
SARASOTA FL 34231

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

K. Lewis

Kurt F Lewis

6/29/02

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
John S Gallagher ☐ Delete
same as above President

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Sidney Evans ☐ Delete
same as above Sec-Treas

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
100006328841
-07/11/02--01033--009
******158.75 ****158.75**

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Gallagher
President

3 June 02 941 284 0921

Date

Daytime Phone #

06-05-2002 90416043 ***750.00

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

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