

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2001 8:00 am  
Secretary of State

04-07-2001 90025 017 \*\*\*150.00

DOCUMENT # P00000043887

1. Entity Name

WEST COAST AVIATION GROUP, INC.

Principal Place of Business

747 N WASHINGTON BLVD  
SARASOTA FL 34236

Mailing Address

747 N WASHINGTON BLVD  
SARASOTA FL 34236

2. Principal Place of Business

1234 Clyde Jones Road

3. Mailing Address

6608 Hunter Combe Crossing

Suite, Apt. #, etc.

JL-108

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Bradenton FL

4. FEI Number

65-1002450

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34201

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VORBECK, CHRIS M  
1801 GLENGARY STREET  
SARASOTA FL 34231

Name

Mark A. Growell

Street Address (P.O. Box Number is Not Acceptable)

747 N Washington Blvd

City

Sarasota

FL

Zip Code

34236

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.

MARK A. GROWELL, ESR.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/10/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME President  
STREET ADDRESS Gerald Steiner  
CITY-ST-ZIP 1871 South Pointe Dr.  
Sarasota, FL 34231-5337

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
STREET ADDRESS MARK A. GROWELL  
CITY-ST-ZIP 747 N WASHINGTON BLVD  
SARASOTA FL 34236

TITLE ☐ Delete  
NAME Treasurer  
STREET ADDRESS Thomas B. Ferguson  
CITY-ST-ZIP 6608 Hunter Combe Crossing  
University PK, FL 34201

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

Date

Daytime Phone #

Thomas B. Ferguson 04/04/01 941-335-1777

CR2E034 (10/00)