

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90132 012 \*\*\*150.00

**DOCUMENT # P00000064846**

1. Entity Name

**AIRLINE CONSULTANTS INCORPORATED**

Principal Place of Business

Mailing Address

1800 2ND STREET  
SUITE 830  
SARASOTA FL 34236

1800 2ND STREET  
SUITE 830  
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

7350 S. Tamiami Trl

7350 S. Tamiami Trl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

68

68

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip

Country

Zip

Country

34231

Sarasota

34231

Sarasota

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALLAHAN, ROBERT E**  
1800 2ND STREET  
SUITE 830  
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)  
7350 S. Tamiami Trl #68

City

Sarasota

FL

Zip Code

34231

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CALLAHAN, ROBERT EDWYN**  
CITY-ST-ZIP **412 S. SHORE DRIVE**  
**SARASOTA FL 34234**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Robert E Callahan**  
CITY-ST-ZIP **1474 Landview Lane**  
**Osprey, FL 34229**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PERRY, ALBERT G**  
CITY-ST-ZIP **7305 CAPTAIN KIDD CIRCLE**  
**SARASOTA FL 34231**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Albert G. Perry**  
CITY-ST-ZIP **7305 Captain Kidd Circle**  
**Sarasota, FL 34231**

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

**Robert Callahan - D**

Date

4/27/01

Daytime Phone #

941-951-6822

CR2E034 (10/00)