

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050559

1. Entity Name

SIGNATURE FLIGHT SUPPORT - NEW YORK, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90019 041 ***150.00

Principal Place of Business

Mailing Address

201 S. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

201 S. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801-3478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3388981

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2000 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 DODSON, RICHARD
CITY-ST-ZIP 1228 MAYFIELD AVENUE
WINTER PARK FL 32789

TITLE ☐ Delete
NAME SVTC
STREET ADDRESS HASKINS, ELIZABETH A
CITY-ST-ZIP 418 RIVER DR
DEBARY FL 32713

TITLE ☒ Delete
NAME S
STREET ADDRESS PAZAAR, STEVEN E
CITY-ST-ZIP 27 CARRIAGE HOUSE LANE
BOXFORD MA 01921

TITLE ☐ Delete
NAME PCEO
STREET ADDRESS VAN ALLEN, BRUCE S
CITY-ST-ZIP 8550 LOST COVE DR
ORLANDO FL 32819

TITLE ☒ Delete
NAME SV
STREET ADDRESS BOBBITT, CHARLES D II
CITY-ST-ZIP 5531 TURKEY LAKE ROAD
ORLANDO FL 32819

TITLE ☐ Delete
NAME AS
STREET ADDRESS MARCINIK, DANIEL V
CITY-ST-ZIP 2871 YONKERS CT
OVIEDO FL 32765

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Lee, Stephen W.
CITY-ST-ZIP 1613 Onondaga
Geneva, FL 32732

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

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Goldstein, Joseph
CITY-ST-ZIP 9169 Bay Hill Blvd.
Orlando, FL 32819

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7 Tallwood Lane
CITY-ST-ZIP Amesbury MA 01913

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

5-1-2000

Date

(407) 648-7200

Daytime Phone #

CR2E034 (9/99)