

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90101 025 \*\*\*150.00

**DOCUMENT # P96000050559**

1. Entity Name

**SIGNATURE FLIGHT SUPPORT - NEW YORK, INC.**

Principal Place of Business

**201 S. ORANGE AVE.  
 SUITE 1100  
 ORLANDO FL 32801**

Mailing Address

**201 S. ORANGE AVE.  
 SUITE 1100  
 ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

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

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

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCFO LEONARO, GREGORY S 8024 MANIER WAY ORLANDO FL 32835</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO HASKINS, ELIZABETH A 418 RIVER DR DEBARY FL 32713</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP FISH, BLAKE 8TH MONTICELLO DR. AMHERST NH 03031</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAN ALLEN, BRUCE S 8550 LOST COVE DR ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RYAN, KEITH P 1825 LAKE ROBERTS CT WINDERMERE FL 34786</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MARCINIK, DANIEL V 2871 YONKERS CT OVIEDO FL 32765</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP- Marketing &amp; Business Stephen W. Lee 1613 Onondaga Geneva, FL 32732</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Secretary)*  
**Joseph I. Goldstein**

Date

Daytime Phone #

**4/29/02**

**(407) 648-7232**

CR2E034 (9/01)

ATTACH # P960000050559/1656126

**SIGNATURE FLIGHT SUPPORT, NEW YORK, INC**  
**CORPORATE OFFICERS**

*Signature Flight Support, NY, Inc. is a NY corporation incorporated on June 13, 1996*

<u>Name</u>	<u>Title</u>	<u>Social Security #</u>	<u>Home Address</u>
Elizabeth A. Haskins	President & CEO	039-34-7501	418 River Drive DeBary, FL 32713
Gregory S. Leonard	VP, CFO & Treasurer	033-54-1320	8024 Monier Way Orlando, FL 32835
Stephen W. Lee	SVP - Marketing & Business	461-98-7519	1613 Onondaga Geneva, FL 32732
Keith P. Ryan	Vice President Operations Airline Sales	074-56-5446	1825 Lake Roberts Court Windermere, FL 34786
Douglas H. Crowther	Vice President Operations General Aviation	261-15-3257	2162 Kane Park Way Windermere, FL 34786
Kevin S. Worley	Vice President	046-58-0060	16420 Bay Ridge Drive Clermont, FL 34711
Daniel V. Marcinik	Assistant Secretary	577-98-9218	7 Tallowood Lane Amesbury, MA 01913
Joseph I. Goldstein	Secretary	264-74-3810	9169 Bay Hill Blvd. Orlando, FL 32819

**Directors**

<u>Name</u>	<u>Home Address</u>
Bruce S. Van Allen	8550 Lost Cove Drive Orlando, FL 32819
Stephen W. Lee	1613 Onondaga Geneva, FL 32732
Elizabeth A. Haskins	418 River Drive DeBary, FL 32713