

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070359

1. Entity Name

ROMAC AIRLINES, INC.

Principal Place of Business

120 W HYDE PARK PLACE, SUITE 150
TAMPA FL 33606

Mailing Address

120 W HYDE PARK PLACE, SUITE 150
TAMPA FL 33606-2340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3531616

Applied For

Not Applicable

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

SWARTZ, JAMES D
120 W HYDE PARK PLACE, SUITE 150
TAMPA FL 33606

Name EILEEN KELLY

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

120 W. HYDE PARK PLACE

SUITE 150

City TAMPA

FL

Zip Code

33606

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

4/25/00

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 | DP | <input checked="" type="checkbox"/> Delete |
| NAME | SWARTZ, JAMES D | |
| STREET ADDRESS | 120 W HYDE PARK PLACE, SUITE 150 | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SUTTER, HOWARD W | |
| STREET ADDRESS | 500 W CYPRESS CREEK, SUITE 200 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | COCCHIARO, RICHARD M | |
| STREET ADDRESS | 20 N WACKER ST, SUITE 1645 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAM L. Sanders | |
| STREET ADDRESS | 16205-Villarreal Dr Avila | |
| CITY-ST-ZIP | TAMPA, FL 33613 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUTTER, HOWARD W. | |
| STREET ADDRESS | 12506 CLASSIC DR. | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COCCHIARO, RICHARD | |
| STREET ADDRESS | P.O. Box 42 | |
| CITY-ST-ZIP | HOLDENESS, NH 03245 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 information 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 the filing, with a copy of the filing covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/25/00

Date

813-251-1700

Daytime Phone #

CR2E034 (9/99)