

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91770 022 ***150.00

DOCUMENT # P98000092136

1. Entity Name
GULF COAST AIRCRAFT, INC.

Principal Place of Business

200 AVIATION DRIVE NORTH #2
NAPLES FL 34104

Mailing Address

200 AVIATION DRIVE NORTH #2
NAPLES FL 34104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3548859

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

FELDEN, CHRISTIAN B
GULF COAST NATIONAL BANK
3838 TAMiami TRAIL NORTH #416
NAPLES FL 34103

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KEYS, KEVIN	
STREET ADDRESS	200 AVIATION DRIVE NORTH #2	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LENNON, VINCE	
STREET ADDRESS	200 AVIATION DRIVE NORTH #2	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	P.	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JOEL T JR	
STREET ADDRESS	200 AVIATION DRIVE NORTH #2	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GODE, LARRY J	
STREET ADDRESS	200 AVIATION DRIVE NORTH #2	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HERRIMAN, GLENN	
STREET ADDRESS	200 AVIATION DRIVE NORTH #2	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, W. SCOTT	
STREET ADDRESS	200 AVIATION DRIVE NORTH #2	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE		<input type="checkbox"/> Change <input checked="" 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	5675 Strand Ct #3	
CITY-ST-ZIP	Naples FL 34110	
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 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)