

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093027

1. Entity Name

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90007 030 \*\*\*150.00

Principal Place of Business Mailing Address  
**3808 GULF OF MEXICO DR E201**  
**LONGBOAT KEY FL 34228**  
**3808 GULF OF MEXICO DR E201**  
**LONGBOAT KEY FL 34228**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0874733**

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

**MCGINNESS W. LEE**  
**1800 SECOND STREET**  
**SUITE 971**  
**SARASOTA FL 34236**

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 **PTS** ☐ Delete  
 NAME **PRITCHARD, BARRY M**  
 STREET ADDRESS **3808 GULF OF MEXICO DRIVE, E201**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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: 

**BARRY M PRITCHARD**

**7/11/2000**

**941-387-0087**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

P98000093027 (Attachment)

A0068693

BARRY FRITCHARD.

~~GARY RICHARD~~

CANAAN HELICOPTER

3808 GULF OF MEXICO DR, UNIT E-201

LONGBOAT, FL 34228

Request taken by: yfisher  
07-06-2000

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

-Division of Corporations - P.O. BOX 6327 - Tallahassee FL-32314 -

I was prompted to ask for this form by the account  
since the first notice had not been received.  
Please find enclosed check # 1120.

Yours sincerely

Barry M. Fritchard.