

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043766

1. Entity Name

T & C HELICOPTER SERVICES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90024 006 ***150.00

Principal Place of Business

Mailing Address

5028 BURWELL RD
WEBSTER FL 33597

5028 BURWELL RD
WEBSTER FL 33597-9318

3434 AIRFIELD DR W. Suite 1
LAKE LAND, FL 33811

2. Principal Place of Business

3. Mailing Address

3434 AIRFIELD DR W. Suite 1
Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE LAND

City & State

4. FEI Number

59-3576401

Applied For

Not Applicable

Zip

FLORIDA

Country

33811 POLK

Zip

33811

Country

USA

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

SCHRADER, JEROME G
37837 MERIDIAN AVE, SUITE 314
DADE CITY FL 33525

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	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABOT, ROBERT J		NAME	PATRICIA Thompson	
STREET ADDRESS	P O BOX 43		STREET ADDRESS	5028 BURWELL RD	
CITY-ST-ZIP	SAN ANTONIO FL 33576		CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABOT, MARCY C		NAME	PARRISH Thompson	
STREET ADDRESS	P O BOX 43		STREET ADDRESS	5028 BURWELL RD	
CITY-ST-ZIP	SAN ANTONIO FL 33576		CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PARRISH		NAME	JOE K. HARPER	
STREET ADDRESS	5028 BURWELL RD		STREET ADDRESS	37942 PALM AV.	
CITY-ST-ZIP	WEBSTER FL 33597		CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete	TITLE	31T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PATRICIA		NAME	REBECCA B. HARPER	
STREET ADDRESS	5028 BURWELL RD		STREET ADDRESS	34273 RIDGE MANOR BLV.	
CITY-ST-ZIP	WEBSTER FL 33597		CITY-ST-ZIP	RIDGE MANOR, FL 33523	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: REBECCA B. HARPER *Rebecca B Harper* 3/8/00 352(583-3043)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREASURER

CR2E034 (9/99)