

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90501 006 ***150.00

DOCUMENT # P97000039234

1. Entity Name
THE AIRBOAT EXPERIENCE OF THE EVERGLADES, INC.

Principal Place of Business Mailing Address
3200 SAN MARCO RD. **P. O. BOX 51**
MARCO ISLAND FL 34140 **GOODLAND FL 34140**

2. Principal Place of Business 3. Mailing Address
3200 San Marco Rd. *P.O. Box 57*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Marco Island, Fla *Goodland, Fla*
 Zip Country Zip Country
34145 *Collier* *34140* *Collier*

4. FEI Number **59-3457033** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

WEBER, PATRICK C ESQ
4532 E. TAMiami TRAIL., #205
NAPLES FL 34112

Name *Pat. Weber*
 Street Address (P.O. Box Number is Not Acceptable)
4532 E. Tamiami Tr.
 City *Naples Fla.* **FL** Zip Code *34112*

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 *Pat Weber* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| PT | RIVERS, ROBERT JR. | | |
| | P.O. BOX 57, N/A | | |
| | GOODLAND FL 34140 | | |
| VS | PREDMORE, KARL L | | |
| | P.O. BOX 57, N/A | | |
| | GOODLAND FL 34140 | | |
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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: *Karl L. Predmore* *Karl L. Predmore* *3/6-01* *941 642 3141*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)