

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 574820

1. Entity Name

BAHAMAS YACHTING SERVICES, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90090 001 *1,100.00

Principal Place of Business

980 AWALD ROAD, STE 302
ANNAPOLIS MD 21403
US

Mailing Address

980 AWALD ROAD, STE 302
ANNAPOLIS MD 21403
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1824871

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD
NAME GORDON, CHRIS
STREET ADDRESS 980 AWALD ROAD
CITY-ST-ZIP ANNAPOLIS MD ☐ Delete

TITLE S
NAME WEST, SCOT
STREET ADDRESS 980 AWALD ROAD, STE 302
CITY-ST-ZIP ANNAPOLIS MD 21403 ☐ Delete

TITLE VD
NAME GREEN, RUPERT
STREET ADDRESS 980 AWALD ROAD
CITY-ST-ZIP ANNAPOLIS MD ☐ Delete

TITLE VD
NAME COCHRAN, PETER
STREET ADDRESS 115 EAST BROWARD BOULEVARD
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SCOT P. WEST
SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00
Date

410 280-2553 x410
Daytime Phone #

CR2E034 (5/00)