

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649824

1. Entity Name

SEABREEZE TRAVEL OF FORT LAUDERDALE, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90270 012 ***150.00

Principal Place of Business

1402 S.E. 17TH ST.
FORT LAUDERDALE FL 33316
US

Mailing Address

GENE DOUGLAS SEABREEZE TRAVEL
1402 SE 17TH STREET
FORT LAUDERDALE FL 33316
US

CU005240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 SE 24th Street

3. Mailing Address

701 SE 24th Street

Suite, Apt. #, etc.

c/o Eller & Company, Inc.

Suite, Apt. #, etc.

c/o Eller & Company, Inc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

59-1964737

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

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

BENEDICT, CAROL
1402 S.E. 17TH ST.
SEABREEZE TRAVEL
FT. LAUDERDALE FL 33316

Name

JOAN F. FOLEY John F. Foley

Street Address (P.O. Box Number is Not Acceptable)

701 SE 24th Street

City

Ft. Lauderdale,

FL

Zip Code

33316

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]

John F. Foley

4/28/01

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANNARD, DAVID	
STREET ADDRESS	1402 S.E. 17TH STREET	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	HVIDE, HANS J.	
STREET ADDRESS	1402 SE 17TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	FARMER, GERALD	
STREET ADDRESS	1402 SE 17TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BENEDICT, CAROL L.	
STREET ADDRESS	1402 SE 17TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HVIDE, J. E	
STREET ADDRESS	1402 SE 17TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wainwright, Louie L. Jr.	
STREET ADDRESS	701 SE 24th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vickers, Raymond B.	
STREET ADDRESS	701 SE 24th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foley, John F.	
STREET ADDRESS	701 SE 24th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
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 like empowered.

SIGNATURE:

[Signature]

John F. Foley

4/28/01

954-525-778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)