

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 652081

1. Entity Name

KATHY FAY YACHT CHARTERS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90116 010 \*\*\*150.00

Principal Place of Business

1500 CORDOVA RD #314  
FORT LAUDERDALE FL 33316  
US

Mailing Address

1500 CORDOVA RD #314  
FORT LAUDERDALE FL 33316-2191  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1977109

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAXON, ROBERT E.  
2741 NE 37 DR  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **KAROLYN E. SAXON**

Street Address (P.O. Box Number is Not Acceptable)  
**2741 NE 37 DRIVE**

City **FT LAUD FL** Zip Code **33308**

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

**KAROLYN SAXON, V.P. / TREAS.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/2000**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FAY, KATHLEEN</b>	
STREET ADDRESS	<b>3677 HIGH PINE DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>PSCE</b>	<input type="checkbox"/> Delete
NAME	<b>SAXON, ROBERT E.</b>	
STREET ADDRESS	<b>2741 NE 37 DR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>SAXON, KAROLYN</b>	
STREET ADDRESS	<b>2741 NE 37 DR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**KAROLYN SAXON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/10/2000 954-565-1068**

CR2E034 (9/99)