## **2000 UNIFORM BUSINESS REPORT (UBR)**

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## **FILED** DOCUMENT # 707911 May 31, 2000 8:00 am 1. Entity Name Secretary of State AMBASSADORS INTERNATIONAL INC 05-31-2000 90023 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 13408 WILLIAM MEYER COURT 13408 WILLIAM MEYER COURT PALM BEACH GARDENS FL 33410-1435 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6169720 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) STANTON, GERALD B 13408 WILLIAM MEYER COURT PALM BEACH GARDENS FL 33410 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 **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME HANSROTE, RON (MD) STREET ADDRESS STREET ADDRESS 1447 N. BITTERCREEK TERRACE CITY-ST-ZIP CITY-ST-ZIP MUSTANG OK ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE STANTON, MARY E NAME NAME STREET ADDRESS STREET ADDRESS 13408 WM, MEYER CT. CITY-ST-ZIP CITY-ST-ZIP PALM BCH. GARDENS FL 33410 Addition PD TITLE ☐ Change TITLE ☐ Delete STANTON, GERALD B NAME NAME STREET ADDRESS STREET ADDRESS 13408 WM. MEYER CT. CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 of Tustee empowered to execute this report as required by Chapter 617 Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. Grad G. Stanton