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## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 707911



Aug 04, 2003 8:00 am § Secretary of State 1. Entity Name 08-04-2003 90150 005 \*\*\*\*61.25 AMBASSADORS INTERNATIONAL INC Principal Place of Business Mailing Address 1308 WHILLAM MEYER SOURT
PALM BEACH GARDENS A 33410 Mews 13408 WILLIAM MEYER COURT PALM BEACH GARDENS FL 33410 WPB, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-6169720 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent . 7. Name and Address of New Registered Agent Name STANTON, GERALD B Street Address (P.O. Box Number is Not Acceptable) 13408 WILLIAM MEYER COURT PALM BEACH GARDENS FL 33410 City 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. I am familiar with, and accept the obligations of registered agent." SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HANSROTE, RON (MD) NAME NAME 1447 N. BITTERCREEK TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MUSTANG OK** CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition STANTON, MARY E NAME NAME 13408 WM. MEYER CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH. GARDENS FL 33410 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STANTON, GERALD B NAME NAME 13408 WM. MEYER CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 supplimental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen

**SIGNATURE** 

31/03 626-6654 Date: Davime Phone #