

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734630

1. Entity Name

SEVEN SEAS CRUISING ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90045 048 ****61.25

Principal Place of Business

Mailing Address

1525 SOUTH ANDREWS AVENUE
SUITE 217
FT LAUDERDALE FL 33316

1525 SOUTH ANDREWS AVENUE
SUITE 217
FT LAUDERDALE FL 33316-2548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1669131

Applied For

Not Applicable

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

AMESBURY, DON
615 7TH AVE
1090 KANE CONCOURSE STE. 202
FT LAUDERDALE FL 33315

Name

Bill Williamson

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

3001 NE 47th #204

City

FT. Lauderdale

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

Bill Williamson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete
NAME	POWERS, GARY	
STREET ADDRESS	PO BOX 1036	
CITY-ST-ZIP	KEMAH TX 77565	
TITLE	D	☒ Delete
NAME	FREMONT, ANN	
STREET ADDRESS	PO BOX 350063	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	RD	☒ Delete
NAME	AUSTIN, BOB	
STREET ADDRESS	702 LAKEWOOD ROAD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	TD	☒ Delete
NAME	STEVENS, C. HOWARD	
STREET ADDRESS	204 MARSH STREET	
CITY-ST-ZIP	BEAUFORT NC 28516	
TITLE	D	☐ Delete
NAME	WILLIAMSON, BILL	
STREET ADDRESS	2600 CASTILLA ISLE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VP	☐ Delete
NAME	AMESBURY, DON	
STREET ADDRESS	615 7TH AVEN	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	

TITLE	Treasurer	☐ Change ☒ Addition
NAME	Booley, Don	
STREET ADDRESS	410 Meadowlark Ln	
CITY-ST-ZIP	Satellite Beach, FL 32937	☐ Change ☐ Addition
TITLE	Recording Secretary	☐ Change ☒ Addition
NAME	Watson, Sue	
STREET ADDRESS	9400 Live Oak Pl #403	
CITY-ST-ZIP	Plantation, FL 33324	☐ Change ☐ Addition
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	Betty (Eliz) Pearce	
STREET ADDRESS	PO Box 322	
CITY-ST-ZIP	Anacortes, WA 98221	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BEAD SMITH	
STREET ADDRESS	6 Gaucks Lane	
CITY-ST-ZIP	Newton, PA 18940	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald B. Booley
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000

Date

321.777 1713

Daytime Phone #

CR2E037 (9/99)