2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90011 038 ****61.25

0046912

DOCUMENT # 734630

1. Entity Name

SEVEN SEAS CRUISING ASSOCIATION, INC.

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

C0032613

DO NOT WRITE IN THIS SPACE

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 59-1669131 ☐ 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
WILLIAMSON, BILL 2051 NE 47 CT #204 FORT LAUDERDALE FL 33308	Name: Stanley, Joyce Street Address (P.O. Box Number is Not Acceptable): 13242 SW 9th Ct City: Davie FL Zip Code: 33325

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: Joyce Stanley — Membership Coordinator — 3/6/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P POWERS, GARY PO BOX 1036 KEMAH TX 77565	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Brad Smith 16 Gaucks Ln Newton, PA 18940	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOSLEY, DON 410 MEADOWLARK LN SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lois Jacobs PO Box 2096 Chicago, IL 60690	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS WATSON, SUE 9400 LIVE OAK PL #403 PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roy Romine 244 Beechview Dr Greenwood IN 46142	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEARCE, BETTY(ELIZ) P O BOX 322 ANACORTES WA 98221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Pearce, Betty (Elizabeth) PO Box 322 Anacortes, WA 98221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMSON, BILL 2600 CASTILLA ISLE FT LAUDERDALE FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AMESBURY, DON 615 7TH AVEN FT LAUDERDALE FL 33315	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 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: SIGNATURE REQUIRED — 03/06/01 — 463-2431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #