

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90065 018 ****61.25

DOCUMENT # 734630

1. Entity Name

SEVEN SEAS CRUISING ASSOCIATION, INC.

Principal Place of Business

**1525 SOUTH ANDREWS AVENUE
 SUITE 217
 FT LAUDERDALE FL 33316**

Mailing Address

**1525 SOUTH ANDREWS AVENUE
 SUITE 217
 FT LAUDERDALE FL 33316**

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

**JOYCE, STANLEY
 13242 SW 9TH COURT
 DAVIE FL 33325**

Name **Joyce Stanley**

Street Address (P.O. Box Number is Not Acceptable)
2700 NE SI #104

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

(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 **VP** ☒ Delete
 NAME **SMITH, BRAD**
 STREET ADDRESS **16 CAUCKS LANE**
 CITY-ST-ZIP **NEWTOWN PA 18940**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Carlos Derivas**
 STREET ADDRESS **PO Box 16508**
 CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **T** ☒ Delete
 NAME **BOSLEY, DON**
 STREET ADDRESS **410 MEADOWLARK LN**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **T** ☐ Change ☒ Addition
 NAME **Roger Jones**
 STREET ADDRESS **1934 Seclusion Dr.**
 CITY-ST-ZIP **Daytona Beach, FL 32128**

TITLE **RS** ☐ Delete
 NAME **WATSON, SUE**
 STREET ADDRESS **9400 LIVE OAK PL #403**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Change ☒ Addition
 NAME **Donald Brown**
 STREET ADDRESS **12 main st Box 233**
 CITY-ST-ZIP **Wachapreague VA 23480**

TITLE **D** ☒ Delete
 NAME **PEARCE, BETTY(ELIZ)**
 STREET ADDRESS **P O BOX 322**
 CITY-ST-ZIP **ANACORTES WA 98221**

TITLE **P** ☐ Change ☒ Addition
 NAME **Roy Romine**
 STREET ADDRESS **244 Beechview Dr.**
 CITY-ST-ZIP **Greenwood, IN 46142**

TITLE **D** ☐ Delete
 NAME **JACOBS, LOIS**
 STREET ADDRESS **P.O. BOX 2096**
 CITY-ST-ZIP **CHICAGO IL 60690**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **PEARCE, ELIZABETH**
 STREET ADDRESS **P.O. BOX 322**
 CITY-ST-ZIP **ANACORTES WA 98221**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

Joyce Stanley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/25/02 (954) 463-2431

CR2E037 (9/01)