

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53525

1. Entity Name
BETTY CORSON YACHT CHARTERS, INC.

Principal Place of Business
21530 ST ANDREWS GRAND CIRCLE
#5
BOCA RATON FL 33486-1324
US

Mailing Address
21530 ST ANDREWS GRAND CIRCLE
#5
BOCA RATON FL 33486
US

2. Principal Place of Business
3414 Primrose Court
Suite, Apt. #, etc.
206
City & State
Palm Beach Gardens, FL
Zip
33410
Country
USA

3. Mailing Address
3414 Primrose Court
Suite, Apt. #, etc.
206
City & State
Palm Beach Gardens, FL
Zip
33410
Country
USA

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90051 025 ***550.00

00076087



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2144115
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, COLLEN D
21530 ST ANDREWS GRAND CIRCLE
#5
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4244 N.W. 6th Street
City
Deerfield Beach FL Zip Code
33442

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	CORSON, BETTY C	
STREET ADDRESS	21530 ST ANDREWS GRAND CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIMPSON, COLLEEN D	
STREET ADDRESS	21530 ST ANDREWS GRAND CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3414 Primrose Court #206	
STREET ADDRESS	Palm Beach Gardens, FL	
CITY-ST-ZIP	33410	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4244 N.W. 6th Street	
STREET ADDRESS	Deerfield Beach, FL	
CITY-ST-ZIP	33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Colleen D. Simpson 7/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AV 1882800

CR2E034 (5/01)