

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002706

1. Entity Name

WHITNEY YACHT CHARTERS, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90007 046 \*\*\*150.00

Principal Place of Business

2235 FLENTWOOD DRIVE  
SARASOTA FL 34238  
US

Mailing Address

2235 FLENTWOOD DRIVE  
SARASOTA FL 34238-3006  
US

2. Principal Place of Business

3214 CASEY KEY RD  
Suite, Apt. #, etc.

NOKOMIS, FL

City & State

3. Mailing Address

SAME AS  
Suite, Apt. #, etc.

City & State

4. FEI Number

36-2877257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKINSON, PHILIP D  
2235 FLENTWOOD DRIVE  
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name PARKINSON, PHILIP D.

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

3214 CASEY KEY RD.

City NOKOMIS

FL

Zip Code 34275

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

Philip D. Parkinson

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

(NOTE: Registered Agent signature required when reinstating)

2-14-2000

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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

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 PCS  
NAME PARKINSON, PHILIP D  
STREET ADDRESS 2235 FLENTWOOD DRIVE  
CITY-ST-ZIP SARASOTA FL 34238

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Philip D. Parkinson - PHILIP D. PARKINSON 2-14-2000 (941) 966-9767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)