

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003754

1. Entity Name

CAYMAN AQUAVENTURES, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90929 034 \*\*\*150.00

Principal Place of Business

Mailing Address

3RD FLOOR, ANDERSON SQUARE BLDG.  
P.O. BOX 866  
GEORGE TOWN, GRAND CAYMAN

4625 DEERWALK AVE  
P.O. BOX 866  
TAMPA FL 33624-2122  
US

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

NOT APPLICABLE

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

MCDERMOT, GEORGE E  
16745 SW 87TH COURT  
MIAMI FL 33157

Name

GEORGE MCDERMOT

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

14623 S.W. 132 COURT

City

MIAMI

FL

Zip Code

33186

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

4-24-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME MCDERMOT, WINSTON H  
STREET ADDRESS SELINA DR, W END, CAYMAN BRAC, CAYMAN ISL.  
CITY-ST-ZIP BRITISH W. INDIES ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

Winston Mc Dermot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

813-968-2425

Daytime Phone #

CR2E034 (9/99)