

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G88399

1. Entity Name

CLASSIC LINES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90051 046 ***150.00

Principal Place of Business

1171 S.E. 10TH AVENUE
HIALEAH FL 33010-5842

Mailing Address

ONE RIVERWAY
STE 500
HOUSTON TX 77056-1921
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2387785

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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

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 | VCSD | <input checked="" type="checkbox"/> Delete |
| NAME | CERNY, DOUGLAS M | |
| STREET ADDRESS | ONE RIVERWAY, SUITE 500 | |
| CITY-ST-ZIP | HOUSTON TX 77056-1921 | |
| TITLE | ACSD | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, STEPHANIE | |
| STREET ADDRESS | ONE RIVERWAY, STE 500 | |
| CITY-ST-ZIP | HOUSTON TX 77056-1921 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MERCANDANTE, JOHN | |
| STREET ADDRESS | ONE RIVERWAY, STE 600 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | CICERONE, LOUIS | |
| STREET ADDRESS | 11077 NW 36 AVE | |
| CITY-ST-ZIP | MIAMI FL 33167 | |
| TITLE | CEOD | <input checked="" type="checkbox"/> Delete |
| NAME | KING, LAWRENCE | |
| STREET ADDRESS | ONE RIVERWAY, STE 500 | |
| CITY-ST-ZIP | HOUSTON TX 77056-1921 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAPORTE, ROBERT | |
| STREET ADDRESS | 1171 SE 10TH AVE | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |

| | | |
|----------------|-----------------------|--|
| TITLE | D/V PIS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert Longo | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | Houston, TEXAS 77056 | |
| TITLE | ACS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Shayne A. Rosecrans | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | Houston, TEXAS 77056 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Linda Burtwistle | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | Houston, TEXAS 77056 | |
| TITLE | ACS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael Sanchez | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | Houston, TEXAS 77056 | |
| TITLE | D/CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Frank P. Gallagher | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | Houston, TEXAS 77056 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gregory Upham | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | Houston, TEXAS 77056 | |

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:

Shayne A. Rosecrans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

713-860-1760

Daytime Phone #

CR2E034 (9/99)