

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90133 013 ***150.00

DOCUMENT # J43361

1. Entity Name

CRUISE FOR FUN, INC.

Principal Place of Business

~~5071 BRIDLEWAY CIR~~
~~BOCA RATON FL 33490~~



CRUISE FOR FUN
7441 Lahana Circle
Boynton Beach, FL 33437
(561) 731-1992

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2746762**

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

SCHWARTZ, JOSEPH L, ESQ.
4040 SHERIDAN STREET
HOLLYWOOD FL

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, 2001 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	DS	<input type="checkbox"/> Delete
NAME	FOLZ, HAROLD	
STREET ADDRESS	5071 BRIDLEWAY CIR 7441 LAHANA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL BOYNTON BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FOLZ, SANDY	
STREET ADDRESS	5071 BRIDLEWAY CIR 7441 LAHANA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy J. Folz
1/23/01 561-731-1992

Date

Daytime Phone #

CR2E034 (10/00)