

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04065

1. Entity Name

CALVERT SAILS, INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90003 001 ***150.00

Principal Place of Business

Mailing Address

CALVERT SAILS, INC.
POST OFFICE BOX 1082
ISLAMORADA FL 33036

CALVERT SAILS, INC.
POST OFFICE BOX 1082
ISLAMORADA FL 33036-1082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2882586

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

CALVERT, DAVID
200 INDUSTRIAL DR.
MILE 81 1/2 OLD HWY
ISLAMORADA FL 33036

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 PS
NAME CALVERT, DAVID
STREET ADDRESS 1177 OLD HWY.
CITY-ST-ZIP ISLAMORADA FL ☐ Delete

TITLE Director
NAME Patricia CALVERT
STREET ADDRESS 161 Nautilus Dr.
CITY-ST-ZIP Islamorada FL 33036 ☐ Change ☒ Addition

TITLE S
NAME GILLES, FUMAT
STREET ADDRESS 113 LESERRA
CITY-ST-ZIP ISLAMORADA FL ☐ Delete

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

TITLE VP
NAME SAUNDERS, LESLEY
STREET ADDRESS PO BOX 180 / 113 LESEVA
CITY-ST-ZIP ISLAMORADA FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

unregistered Secretary 01/03/00 3056648056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #