

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L30457

1. Entity Name
CRUISE AMERICA LINE, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90003 037 ***550.00

Principal Place of Business

% ROBERT F. LAMBERT
625 CORAL WAY
FT LAUDERDALE FL 33301
US

Mailing Address

23 ISLE BAHIA DRIVE
PORT EVERGLADE FL 33316-2307
US

2. Principal Place of Business

23 Isla Bahia Drive
Suite, Apt. #, etc.

3. Mailing Address

23 Isla Bahia Drive
Fort Lauderdale, FL.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0207448

Applied For

Not Applicable

Zip

33316

Country

US

Zip

33316

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, ROBERT F
23 ISLE BAHIA DR
PT EVERGLADES FL 33316

7. Name and Address of New Registered Agent

Robert F. Lambert
Street Address (P.O. Box Number is Not Acceptable)
23 Isla Bahia Dr.

City Fort Lauderdale FL Zip Code 33316

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

TITLE DC
NAME LAMBERT, ROBERT L.
STREET ADDRESS P.O. BOX 6508 STATION 9 NA
CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Delete

TITLE PD
NAME LAMBERT, ROBERT F.
STREET ADDRESS P.O. BOX 6508 STATION 9 NA
CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Delete

TITLE D
NAME LAMBERT, SALLY M.
STREET ADDRESS P.O. BOX 6508 STATION 9 NA
CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-16-00(954)524-619