

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # L30457**1. Entity Name
CRUISE AMERICA LINE, INC.

Principal Place of Business 23 ISLA BABIA DR FORT LAUDERDALE 33316	FL	Mailing Address 23 ISLA BABIA DR FORT LAUDERDALE 33316	US	FL
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2. Principal Place of Business P.O. BOX 13130	3. Mailing Address P.O. BOX 13130
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PORT EVERGLADES FL	City & State PORT EVERGLADES FL
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Zip 33316	Country US	Zip 33316	Country US
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4. FEI Number 65-0207448	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLAMBERT, ROBERT F
23 ISLE BAHIA DRPT EVERGLADES
33316

FL

US

7. Name and Address of New Registered Agent

Name

LAMBERT, ROBERT F

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

P. O. BOX 13130

City
PORT EVERGLADES

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 **ROBERT F. LAMBERT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/03/2001

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, SALLY M. P.O. BOX 6508 STATION 9 NA FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERT, ROBERT F. P.O. BOX 6508 STATION 9 NA FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LAMBERT, ROBERT L. P.O. BOX 6508 STATION 9 NA FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, SALLY M. P.O. BOX 30301 PORT EVERGLADES FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERT, ROBERT F. P.O. BOX 30301 PORT EVERGLADES FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LAMBERT, ROBERT L. P.O. BOX 30301 PORT EVERGLADES FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sally M. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec.

04/03/2001

Date

Daytime Phone #

CR2E034 (11/00)