

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

0489298

DOCUMENT # L57001

1. Entity Name  
**CRUISE MART, INC.**

00 APR 28 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1160 MCCALL ROAD ENGLEWOOD FL 34223 US	Mailing Address 1160 MCCALL ROAD ENGLEWOOD FL 34223-4230 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0374207</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STUTZMAN, NATALEE J.**  
1160 MCCALL ROAD  
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City  
**Plantation**      **FL**      Zip Code  
**33324**

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 *Vicky Goldstein*      **VICKY GOLDSTEIN**  
Special Assistant Secretary      DATE 4/27/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPV STUTZMAN, NATALEE J. 1160 MCCALL ROAD ENGLEWOOD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STUTZMAN, NATALEE J 1160 MCCALL ENGLEWOOD FL <input checked="" 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
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	Co-President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas C. Hosea 1160 McCall Road Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Philip C. Stutzman 1160 McCall Road Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Larry A. Dustin 1160 McCall Road Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patrick Doyle 220 Congress Park Drive Delray Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Suzanne B. Bell 220 Congress Park Drive Delray Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 000003237600 -05/03/00--01074--018 *****150.00 *****150.00

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: *Suzanne B. Bell*      **Suzanne B. Bell, AS**      Date 4/26/00      Daytime Phone # 561-266-0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)