

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000796

1. Entity Name
CRUISE HOLIDAYS OF ST. JOHNS LLC

APPROVED
AND
FILED

00 MAY 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~138 KING ST.~~
ST. AUGUSTINE FL 32084

~~138 KING ST.~~
~~ST. AUGUSTINE FL 32084-3304~~

2. Principal Place of Business

3. Mailing Address

2746 U.S. 1 SOUTH
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State
ST. AUGUSTINE FL

City & State

4. FEI Number 59-3460366

Applied For
Not Applicable

Zip 32086 Country U.S.A.

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM JOYCE, NORMA D
STREET ADDRESS 138 KING ST.
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003279186--9
CITY-ST-ZIP -06/07/00--01005--012
*****50.00 *****50.00

TITLE NAME MGRM JOYCE, PETER J
STREET ADDRESS 138 KING ST.
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)