2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#_ L9700000984 BUCCANEER ADVENTURE CRUISES, L.C.

Principal Place of Business

724 BAYWAY BLVD

CLEARWATER FL 32767

Mailing Astress

724 BAYWAY BLVD

CLEARWATER FL 33767-2676

00 MAY -3 PM 12: 43

SECRETARY OF STATE TALL AHASSEE, FLORIDA



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2. Principal Place of Business 3.		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State Ci		City & State		4. FEI Number 59-3469131 Applied Fo Not Applie		plied For		
Zip	Country	Zip	Country	5. Certificate of Status Des		\$5.00 Add		
6. Name and Address of Current Registered Agent				_7. Name and Address of New Registered Agent				
			Name				}	
IVERSON, D. DEAN			Street Address (P.O. Box Number is Not Acceptable)					
724 BAYWAY BLVD								
CLEARWATER FL 32767							}	
			City		FL	Zip Code	∍	
The shows	named entity submits this statement for	the numose of changing it	s registered office or regis	stered agent, or both in the State	e of Florida			
. The above	named entity Soonnis this statement for	the purpose of changing it	a rapistered office of regis	tered agent, or both, in the date			[
SIGNATURE .	D. DEAN IVERS Signature, typed or printed name of registered agent an	on D	TE: Registered Agent signature requ	drad when coinctating)	04 /2	8/00		
	Signature, typed or printed name of registered agent an	d little ii applicable. (NO	TE. Hagistered Agent signature requ	illed whort terrislating)		.		
			OW!!! FEE IS \$50.0	0			[
La J"A Ay	. W. M.	Make Check P	ayable to Department	t of State			j	
	MANAGING MEMBE	DC /MEMBERS	10.	, ADDIT	IONS/CHANGES		\	
itle	MGRM	- Deleta	TITLE		,	Change	Addition	
VAME	IVERSON, D. DEAN	, ···	NAME					
TREET ADDRESS	724 BAYWAY BLVD		STREET ACCRESS				Ì	
CITY-ST-ZIP	CLEARWATER FL 32767		CITY-ST-ZIP					
IIILE	MGRM	Deleta	TITLE			Change	Addition (
MANIE	TAYLOR, CHRIS		NAME	80000	132689	998,	E	
STREET ADDRESS	724 BAYWAY BLVD	-	STREET ADDRESS CITY-ST-ZIP		/26/0001			
GITY-ST-ZIP	CLEARWATER FL 32767		TITLE	<u>**</u>	***50 . 80	<u> </u>	Addition	
TITLE Vame		Delete -	MAME					
TREET ADDRESS			STREET ADDRESS				. }	
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CITY-ST-ZIP							Addition	
IITLE		☐ Delata	TITLE			C cristiks		

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.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-8T-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delata

727 · 560·0689

☐ Change

Addition 🗌

Daytime Phone #