

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M44205

1. Entity Name

REEF TOURS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90147 004 ***150.00

Principal Place of Business

251 MARGARET ST.
KEY WEST FL 33040
US

Mailing Address

P.O. BOX 1580
KEY LARGO FL 33037-1580
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

251 MARGARET ST

Suite, Apt. #, etc.

City & State

Key West FL

Zip

Country

Zip

33040

Country

US

4. FEI Number

59-2756833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~PEGRAM, G. RANDALL~~
~~167 INDIAN MOUND TRAIL~~
~~TAVERNIER FL 33070~~

7. Name and Address of New Registered Agent

Name Paul S. Mills, CPA

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

6200 2nd Street

City Key West, FL

FL

Zip Code 33040

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 Paul S. Mills CPA

Paul S. Mills

3/1/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PEGRAM, G. RANDALL	
STREET ADDRESS	167 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEGRAM, BRIAN	
STREET ADDRESS	167 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL AVOLA	
STREET ADDRESS	P.O. BOX 5153	
CITY-ST-ZIP	KEY WEST FL 33045	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK DAY	
STREET ADDRESS	22987 LONG BEN KEY	
CITY-ST-ZIP	CUDJIE KEY, FL 33042	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON DAY	
STREET ADDRESS	22987 LONG BEN KEY	
CITY-ST-ZIP	CUDJIE KEY, FL 33042	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Carl Avola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

305 293-0099

Daytime Phone #