

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000416

1. Entity Name
CRUISES ONLY, LLC

Principal Place of Business
1011 EAST COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address
1011 EAST COLONIAL DRIVE
ORLANDO FL 32803-4607

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3456162

Applied For

Not Applicable

Zip

Country

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

BELL, SUZANNE B
TRAVEL SERVICES INTERNATIONAL
220 CONGRESS PARK DR.
DELRAY FL 33445

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

4/27/00

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 ☐ Delete
MGRM. CRUISE CORP
STREET ADDRESS 300 DELAWARE AVE 9TH FLR
CITY- ST- ZIP WILMINGTON DE 19801

TITLE NAME ☐ Change ☐ Addition
1000003238601-2
STREET ADDRESS -05/03/00--01148--021
CITY- ST- ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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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:

Suzanne B. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Suzanne B. Bell

4-26-00

561-266-0860

Date

Daytime Phone #

CR2E083 (9/99)