

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED

Apr 16, 2001 8:00 am
Secretary of State

03-19-2001 90058 016 ****61.25

DOCUMENT # N00000000727

1. Entity Name

THE DESIRES WATER SKI SHOW TEAM CORPORATION

Principal Place of Business

1020 WAVERLY DR.
LONGWOOD FL 32750

Mailing Address

1020 WAVERLY DR.
LONGWOOD FL 32750

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FRI Number

59-3622501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARE, JAMES F
1020 WAVERLY DR.
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME President
STREET ADDRESS JAMES F. WARE
CITY-ST-ZIP 1020 WAVERLY DRIVE
LONGWOOD, FL 32750

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Fredric Ware
CITY-ST-ZIP 746 Ridgewood Drive
Antioch IL 60002

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS JAMES F. WARE
CITY-ST-ZIP 1020 WAVERLY DRIVE
LONGWOOD, FL 32750

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Fredric Ware
CITY-ST-ZIP 746 Ridgewood Drive
Antioch IL 60002

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Simonetta Carroll
CITY-ST-ZIP 12 W. Princeton St, Apt 12A
Orlando, FL 32804

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/01 407 839-1183

CR2E037 (10/00)