

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90108 007 ****70.00

DOCUMENT # N94000000959

1. Entity Name

DAY CRUISE ASSOCIATION, INC.

Principal Place of Business

1776 WOOD HAVEN STREET
 TARPON SPRINGS FL 34689
 US

Mailing Address

1776 WOOD HAVEN STREET
 TARPON SPRINGS FL 34689
 US

2. Principal Place of Business

1758 HAWTHORNE COURT
 Suite, Apt. #, etc.

3. Mailing Address

1758 HAWTHORNE COURT
 Suite, Apt. #, etc.

City & State

OLDSMAR, FLORIDA

Zip

34677

Country

PINELLAS

City & State

OLDSMAR, FLORIDA

Zip

34677

Country

PINELLAS

4. FEI Number

65-0473274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALDER, JEAN M
 1776 WOOD HAVEN STREET
 TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name
 JEAN M WALDER
 Street Address (P.O. Box Number is Not Acceptable)
 1758 HAWTHORNE COURT

City
 Oldsmar

FL

Zip Code
 34677

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

JEAN M. WALDER JEAN M. WALDER

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

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 PD
 NAME BULLOCK, LESTER E ☐ Delete
 STREET ADDRESS 6160 SUNDOWN DRIVE
 CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE VD ☒ Delete
 NAME KARAN, GREG
 STREET ADDRESS 198 SEMINOLE ST.
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE SD ☐ Delete
 NAME BREVICK, JOHN
 STREET ADDRESS 101 GEORGE KING BLVD., STE. 3
 CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE TD ☐ Delete
 NAME BLANKENSHIP, DENNY
 STREET ADDRESS 4738 OCEAN STREET
 CITY-ST-ZIP MAYPORT FL 32233

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP & DIRECTOR ☐ Change ☒ Addition
 NAME DANA GOODALL
 STREET ADDRESS 450 HARBOUR COURT
 CITY-ST-ZIP FT. MYERS BEACH, FL 33931

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

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:

LESTER E. BULLOCK LESTER E. BULLOCK

01/17/01 727-804-1454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)