

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90164 018 *****61.25

DOCUMENT # N94000000959

1. Entity Name

DAY CRUISE ASSOCIATION, INC.



Principal Place of Business

**1758 HAWTHORNE COURT
OLDSMAR FL 34677
US**

Mailing Address

**1758 HAWTHORNE COURT
OLDSMAR FL 34677
US**

2. Principal Place of Business

1790 Biarritz Circle

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

TARPON SPRINGS, FL

City & State

4. FEI Number **65-0473274**

Applied For

Not Applicable

Zip

34689

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDER, JEAN M

**1758 HAWTHORNE COURT
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

WALDER, JEAN M

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

1790 Biarritz Circle

City

TARPON SPRINGS

State

FL

Zip Code

34689

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Jean M. Walder

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BULLOCK, LESTER E	
STREET ADDRESS	6160 SUNDOWN DRIVE	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOODELL, DANA	
STREET ADDRESS	450 HARBOR COURT	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BREVICK, JOHN	
STREET ADDRESS	101 GEORGE KING BLVD., STE. 3	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BREVICK, JOHN	
STREET ADDRESS	101 GEORGE KING BLVD.	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, Pres. 4-25-03 727-546-9139**

CR2E037 (10/02)