

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000004536****1. Entity Name**
FERNANDINA CRUISES, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90140 030 ***150.00

Principal Place of Business
401 CENTRE STREET, SECOND FLOOR
FERNANDINA BEACH FL 32034**Mailing Address**
401 CENTRE STREET, SECOND FLOOR
FERNANDINA BEACH FL 32034

00000161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**500 S FRONT ST****3. Mailing Address****1180 HIGHWAY 17**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

LITTLE RIVER SC**29566****USA****4. FEI Number****59-3639344**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****JACOBS, ARTHUR I**
401 CENTRE STREET, SECOND FLOOR
FERNANDINA BEACH FL 32034

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

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	GRAY, SAMUEL
NAME	GRAY, SAMULE	NAME	GRAY, SAMUEL
STREET ADDRESS	P.O. BOX 1110	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GRAY, MARILYN	NAME	
STREET ADDRESS	P.O. BOX 1110	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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:****Marilyn D. Gray**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**5/1/01**

Date

Daytime Phone #