

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91324 005 ***150.00

DOCUMENT # P00000010231.

1. Entity Name

FLORIDA PIONEER AIRBOAT RIDES, INC.

Principal Place of Business

Mailing Address

500 TOWNSEND ROAD
COCOA FL 32926-3320

500 TOWNSEND ROAD
COCOA FL 32926-3320

122440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Poinsett Lodge
Suite, Apt. #, etc. LK.
5665 Poinsett Rd
City & State
Cocoa FL

4120 TUNA RD
Suite, Apt. #, etc.
City & State
Cocoa FL

4. FEI Number

65-0978534

Applied For

Not Applicable

Zip Country Zip Country

32926 32926

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

BUTLER, CHERYL
500 TOWNSEND ROAD
COCOA FL 32926-3320

Name
CHERYL BUTLER

Street Address (P.O. Box Number is Not Acceptable)
4120 TUNA RD.

City City State Zip Code
Cocoa FL 32926

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 *Ceryl Butler*

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

(NOTE: Registered Agent signature required when reinstating)

DATE Jan. 05/2001

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

TITLE D ☐ Delete
NAME BUTLER, CHERYL
STREET ADDRESS 7623 SIMMS AVE
CITY-ST-ZIP ORLANDO FL 32812

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

TITLE D ☐ Delete
NAME BUTLER, JOHNNY
STREET ADDRESS 7623 SIMMS AVE
CITY-ST-ZIP ORLANDO FL 32812

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Ceryl Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01 321 631 0010

Date

Daytime Phone #

CR2E034 (10/00)