

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013616

1. Entity Name

ACTION BOAT CHARTERS, INC.

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90034 016 \*\*\*150.00

Principal Place of Business

2450 HOLLYWOOD BLVD., STE. 401  
HOLLYWOOD FL 33020

Mailing Address

2450 HOLLYWOOD BLVD., STE. 401  
HOLLYWOOD FL 33020

2. Principal Place of Business

**1202 South Route 31**  
Suite, Apt. #, etc.

3. Mailing Address

**1202 South Route 31**  
Suite, Apt. #, etc.

City & State

**McHenry, Illinois**

City & State

**McHenry, Illinois**

Zip

**60050**

Country

**USA**

Zip

**60050**

Country

**USA**

4. FEI Number

**36-4352632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

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

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

|                |                                       |  |
|----------------|---------------------------------------|--|
| TITLE          | <b>D</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>FEDER, LAWRENCE H</b>              |  |
| STREET ADDRESS | <b>2450 HOLLYWOOD BLVD., STE. 401</b> |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33020</b>             |  |
| TITLE          | <b>President /Director</b>            | <input type="checkbox"/> Delete            |
| NAME           | <b>Alan Bagliore</b>                  |  |
| STREET ADDRESS | <b>1202 South Route 31</b>            |  |
| CITY-ST-ZIP    | <b>McHenry, Illinois 60050</b>        |  |
| TITLE          | <b>Vice President/Director</b>        | <input type="checkbox"/> Delete            |
| NAME           | <b>Erik Bagliore</b>                  |  |
| STREET ADDRESS | <b>1202 South Route 31</b>            |  |
| CITY-ST-ZIP    | <b>McHenry, Illinois 60050</b>        |  |
| TITLE          | <b>Treasurer</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>Alan Bagliore</b>                  |  |
| STREET ADDRESS | <b>1202 South Route 31</b>            |  |
| CITY-ST-ZIP    | <b>McHenry, Illinois 60050</b>        |  |
| TITLE          | <b>Secretary</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>Alan Bagliore</b>                  |  |
| STREET ADDRESS | <b>1202 South Route 31</b>            |  |
| CITY-ST-ZIP    | <b>McHenry, Illinois 60050</b>        |  |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| 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 |
| 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 |
| NAME           |  |   |
| 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3 / 15** /2001

Date

Daytime Phone #

CR2E034 (10/00)

0103982