

2002 UNIFORM BUSINESS REPORT (UBR)

0671263
AV

DOCUMENT # P00000067048

1. Entity Name
FLORIDA CRUISE CONNECTION, INC.

APPROVED
AND
FILED

02 FEB -8 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
31 SARASOTA CENTER BLVD
SARASOTA FL 34242

Mailing Address
ONE RIVERWAY - SUITE 500
HOUSTON TX 77056-1921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 76-0649409

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2002 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 BELL, LINDA
STREET ADDRESS ONE RIVERWAY - SUITE 500
CITY-ST-ZIP HOUSTON TX 77056-1921

TITLE DT ☐ Change ☒ Addition
NAME DAVID Young
STREET ADDRESS One Riverway - Suite 500
CITY-ST-ZIP Houston TX 77056

TITLE DVCS ☐ Delete
NAME LONGO, ROBERT E
STREET ADDRESS ONE RIVERWAY - SUITE 500
CITY-ST-ZIP HOUSTON TX 77056-1921

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

TITLE DCEO ☒ Delete
NAME GALLAGHER, FRANK P
STREET ADDRESS ONE RIVERWAY - SUITE 500
CITY-ST-ZIP HOUSTON TX 77056-1921

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

TITLE ACS ☐ Delete
NAME ROSECRANS, SHAYNE
STREET ADDRESS ONE RIVERWAY, STE 500
CITY-ST-ZIP HOUSTON TX 77056

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

TITLE T ☒ Delete
NAME REYES, STEPHANIE
STREET ADDRESS ONE RIVERWAY STE 500
CITY-ST-ZIP HOUSTON TX 77056

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

TITLE VP ☐ Delete
NAME BANKEMPER, MARIA
STREET ADDRESS 31 SARASOTA CENTER BLVD.
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Change ☐ 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: Shayne A. Rosecrans Shayne Rosecrans 01-23-02 (713) 888-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 419083 7111512

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150

ORDER DATE : February 7, 2002

ORDER TIME : 11:44 AM

ORDER NO. : 419083-080

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans
Coach Usa
One Riverway
Suite 500
Houston, TX 770561903

RECEIVED
02 FEB - 8 PM 2:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: FLORIDA CRUISE CONNECTION INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: _____