

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03358

1. Entity Name

HIGH SEAS YACHT CHARTERS, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90023 035 ***150.00

Principal Place of Business

DEERING
13643 DEBRING BAY DR.
UNIT 165
CORAL GABLES FL 33158

Mailing Address

DEERING
13643 DEBRING BAY DR.
UNIT 165
CORAL GABLES FL 33158

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2386134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINDHORST, KENT A
80 SW 8TH STREET
SUITE 2120
MIAMI FL 33130

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, 2000 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 | PTD | <input type="checkbox"/> Delete |
| NAME | WINDHORST, KENT A | |
| STREET ADDRESS | 80 SW 8TH STREET, #2120 | |
| CITY-ST-ZIP | MIAMI FL 33130 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEAVER, DOROTHY C | |
| STREET ADDRESS | 13643 DEBRING BAY DR. #165 | |
| CITY-ST-ZIP | CORAL GABLES FL 33158 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEAVER, DAVID R | |
| STREET ADDRESS | 13643 DEBRING BAY DR. #165 | |
| CITY-ST-ZIP | CORAL GABLES FL 33158 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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

Date

Daytime Phone #

CR2E034 (9/99)