

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90148 014 \*\*\*150.00

0479445 AV

**DOCUMENT # P23299**

**1. Entity Name**  
**EUROPA CRUISES CORPORATION**



**Principal Place of Business**  
**150 153RD AVE**  
**STE 200**  
**MADEIRA BCH FL 33708**  
**US**

**Mailing Address**  
**150 153RD AVE**  
**STE 200**  
**MADEIRA BCH FL 33708**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2935476**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**VITALE, DEBORAH A**  
**150-153RD AVE**  
**STE 200**  
**MADEIRA BCH FL 33708**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, GREGORY A	
STREET ADDRESS	16209 KIMBERLY GROVE	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	P	<input type="checkbox"/> Delete
NAME	VITALE, DEBORAH A.	
STREET ADDRESS	150 153RD AVE, STE 200	
CITY-ST-ZIP	MADEIRA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUBER, JOHN R	
STREET ADDRESS	20018 WESTOVER AVE	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ILLIUS, JAMES	
STREET ADDRESS	3791 FRANCIS DR	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE	FO	<input type="checkbox"/> Delete
NAME	LIMMERMAN, ROBERT	
STREET ADDRESS	700 STARKEY RD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK E. WILLIAMS, JR.	
STREET ADDRESS	2789B HARTLAND RD.	
CITY-ST-ZIP	FALLS CHURCH, VA 22043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN HARRELL	
STREET ADDRESS	237 N. PETERS ST. 4TH FLOOR	
CITY-ST-ZIP	NEW ORLEANS, LA. 70130	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H. STEVEN NORTON	
STREET ADDRESS	700 ROZIER ST.	
CITY-ST-ZIP	ALTON, IL 62002	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. ARNOLD SUSSMAN	
STREET ADDRESS	2440 M ST. NW STE 203	
CITY-ST-ZIP	WASHINGTON, DC 20037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *ROBERT L. LIMMERMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/03* *727 393-2885*  
Date Daytime Phone #

CR2E034 (10/02)