

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30958

1. Entity Name

EUROPA CRUISES OF FLORIDA 2, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90025 004 \*\*\*150.00

Principal Place of Business

Mailing Address

150 153RD AVE  
SUITE 200  
MADEIRA BEACH FL 33708  
US

150 153RD AVE  
SUITE 200  
MADEIRA BEACH FL 33708-1856  
US

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

59-3025156

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

VITALE, DEBORAH A  
150-153RD AVE, STE 200  
MADEIRA BEACH 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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME VITALE, DEBORAH A  
STREET ADDRESS 150 153RD AVE. STE 200  
CITY-ST-ZIP MADEIRA BEACH FL

TITLE D ☐ Change ☒ Addition  
NAME JAMES JULIUS  
STREET ADDRESS 3791 FRANCIS DR.  
CITY-ST-ZIP ROCKY RIVER, OH 44116

TITLE D ☐ Delete  
NAME DUBER, JOHN  
STREET ADDRESS 20018 WESTOVER AVE  
CITY-ST-ZIP ROCKY RIVER OH 44116

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

TITLE D ☐ Delete  
NAME DEMATTIA, PAUL J  
STREET ADDRESS 4002 PINE FOREST DR  
CITY-ST-ZIP PARMA OH 44134

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

TITLE D ☐ Delete  
NAME HARRISON, GREGORY A  
STREET ADDRESS 16209 KIMBERLY GROVE  
CITY-ST-ZIP GAITHERSBURG MD 20878

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DEBORAH VITALE

Date

Daytime Phone #

CR2E034 (9/99)