

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91423 026 \*\*\*150.00

**DOCUMENT # P30959**

1. Entity Name  
**EUROPA CRUISES OF FLORIDA I, INC.**



Principal Place of Business  
**150 153RD AVE  
SUITE 200  
MADEIRA BEACH FL 33708  
US**

Mailing Address  
**150 153RD AVE  
SUITE 200  
MADEIRA BEACH FL 33708  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3025155**

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

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

## 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. 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

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

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

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

TITLE **D** ☒ Delete  
NAME **ILLIUS, JAMES**  
STREET ADDRESS **3791 FRANCIS DR**  
CITY-ST-ZIP **ROCKY RIVER OH 44116**

TITLE **CFO** ☐ Delete  
NAME **ZIMMERMAN, R L**  
STREET ADDRESS **700 STARKEY RD**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition  
NAME **FRANK E. WILLIAMS, JR.**  
STREET ADDRESS **2789 B HARTLAND RD.**  
CITY-ST-ZIP **FALLS CHURCH, VA 22043**

TITLE **D** ☐ Change ☒ Addition  
NAME **BENJAMIN HARRELL**  
STREET ADDRESS **237 N. PETERS ST. 4TH FLOOR**  
CITY-ST-ZIP **NEW ORLEANS, LA 70130**

TITLE **D** ☐ Change ☒ Addition  
NAME **H. STEVEN NORTON**  
STREET ADDRESS **700 ROZIER ST**  
CITY-ST-ZIP **ALTON, IL 62002**

TITLE **D** ☐ Change ☒ Addition  
NAME **DR. ARNOLD SUSSMAN**  
STREET ADDRESS **2440 M ST. NW STE 203**  
CITY-ST-ZIP **WASHINGTON, DC 20037**

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

TITLE ☐ Change ☐ 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: **ZIMMERMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/29/03** Daytime Phone # **787-393-2885**

CR2E034 (10/02)