

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**  
 01-18-2000 90028 010 \*\*\*150.00

**DOCUMENT # P93000010116**

1. Entity Name

**BERNADINE BOAT CO., INC.**

Principal Place of Business

Mailing Address

15 OLD BEACH RD  
 NEWPORT RI 02840  
 US

PO BOX 11360  
 JACKSON WY 83002-1360  
 US

A0004240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TEN ELK CAMP RD.

City & State

City & State

JACKSON WY

4. FEI Number

95-4409023

Applied For  
 Not Applicable

Zip  
 83001

Country  
 US

Zip

Country

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

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

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	P	<input type="checkbox"/> Delete
NAME	CARUSO, MICHAEL	
STREET ADDRESS	<del>2925 MOUNTAIN MAPLE</del>	
CITY-ST-ZIP	JACKSON WY 83001	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARUSO, BERNADINE	
STREET ADDRESS	<del>2925 MOUNTAIN MAPLE</del>	
CITY-ST-ZIP	JACKSON WY 83001	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARUSO, BERNADINE	
STREET ADDRESS	<del>2925 MOUNTAIN MAPLE</del>	
CITY-ST-ZIP	JACKSON WY 83001	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARUSO, MICHAEL	
STREET ADDRESS	<del>2925 MOUNTAIN MAPLE</del>	
CITY-ST-ZIP	JACKSON WY 83001	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	TEN ELK CAMP RD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	TEN ELK CAMP RD.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	TEN ELK CAMP RD.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	TEN ELK CAMP RD.	
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
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 #

*[Signature]* MICHAEL CARUSO 1-6-00 307-7335269