

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041339

1. Entity Name

CRUISE RACING STABLES, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90187 028 ***150.00

Principal Place of Business

1007 BRANCHWOOD DR
APOPKA FL 32703
US

Mailing Address

1007 BRANCHWOOD DR
APOPKA FL 32703
US

2. Principal Place of Business

34431 Windley Cr
EUSTIS, FL 32736

3. Mailing Address

34431 Windley Cr
EUSTIS, FL 32736

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS

City & State

EUSTIS

Zip

32736 USA

Zip

32736 USA

Country

USA

4. FEI Number

59-3188777

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

CRUISE, JAMES JR.

1007 BRANCHWOOD DR
APOPKA FL 32703

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

James Cruise Jr

4-16-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CRUISE, JAMES JR	
STREET ADDRESS	1007 BRANCHWOOD DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CRUISE, ROBIN L.	
STREET ADDRESS	1007 BRANCHWOOD DR	
CITY-ST-ZIP	APOPKA FL	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cruise James Jr	
STREET ADDRESS	34431 Windley Circle	
CITY-ST-ZIP	EUSTIS FL	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN CRUISE	
STREET ADDRESS	34431 Windley Cr	
CITY-ST-ZIP	EUSTIS, FL 32736	
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
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:

Robin Cruise Robin Cruise

Date

Daytime Phone #

4-16-01 352-589-5008

CR2E034 (10/00)