

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020956

1. Entity Name

PHOENIX YACHT CHARTERS, INC.

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90090 049 \*\*\*150.00

0599638

Principal Place of Business  
200 S.E. 15TH ROAD  
SUITE 3-D  
MIAMI FL 33129

Mailing Address  
200 S.E. 15TH ROAD  
SUITE 3-D  
MIAMI FL 33129

*3406 BAL HARBOR 3406 BAL HARBOR*

2. Principal Place of Business

3. Mailing Address

*1200 BETTA SPANNADE 1200 BETTA SPANNADE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Punta Gorda*

*Punta Gorda*

City & State

City & State

*33950*

*CHARLOTTE*

*33950*

*CHARLOTTE*



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0480811**

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

TURNER, BONNIE  
200 SE 15TH RD  
APT 3-D  
MIAMI FL 33129

Name *WILLIAM H TURNER*

Street Address (P.O. Box Number is Not Acceptable)  
*3406 BAL HARBOR*

City *PUNTA GORDA* **FL** Zip Code *33950*

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 *Bonnie J Turner*

*3-30-01*

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TURNER, WILLIAM H</b> <b>200 SE 15TH RD., #3D</b> <b>MIAMI FL 33129</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William H. Turner* **WILLIAM H. TURNER** *3-30-01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*305 375 3095*

CR2E034 (10/00)