

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070024

1. Entity Name

FAMILY BOATING OF CAPE CORAL, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90193 035 \*\*\*150.00

Principal Place of Business

1037 SW PINE ISLAND ROAD  
CAPE CORAL FL 33991  
US

Mailing Address

1037 SW PINE ISLAND ROAD  
CAPE CORAL FL 33991-2147  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0516576

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

A0004666



6. Name and Address of Current Registered Agent

CULLEN, JAMES E  
1037 SW PINE ISLAND ROAD  
CAPE CORAL FL 33991

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 D ☒ Delete  
NAME MURPHY, GARY  
STREET ADDRESS 4885 TARPON AVE  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE P ☐ Delete  
NAME CULLEN, JAMES E  
STREET ADDRESS 4203 SW 6TH PL  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE P ☒ Delete  
NAME CULLEN, JAMES E  
STREET ADDRESS 4203 SW 6TH PL  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SEC/TRES ☐ Change  
NAME JOANNE C CULLEN  
STREET ADDRESS 143 SW 53RD TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE SAME ☒ Change  
NAME  
STREET ADDRESS 143 SW 53RD TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
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:

*James E Cullen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES E CULLEN 1-06-00 941-574-7797