

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082170

1. Entity Name

TIDEWATER TOURS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90162 026 ***150.00

Principal Place of Business

STE. 301, 315 SE 7TH ST.
FT. LAUDERDALE FL 33301

Mailing Address

STE. 301, 315 SE 7TH ST.
FT. LAUDERDALE FL 33301-3158

2. Principal Place of Business

651 Seabreeze Blvd.

Suite, Apt. #, etc.

3. Mailing Address

651 Seabreeze Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0620041

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATONA, JOHN
STE. 301, 315 SE 7TH ST.
FT. LAUDERDALE FL 33301

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 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	D	<input type="checkbox"/> Delete
NAME	BEKOFF, ROBERT	
STREET ADDRESS	315 SE 7TH ST. #301	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	LATONA, JOHN	
STREET ADDRESS	315 SE 7TH ST. #301	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bekoff, Robert	
STREET ADDRESS	651 Seabreeze Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bekoff, Dorothy	
STREET ADDRESS	651 Seabreeze Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 (954) 467-0008

CR2E034 (9/99)