

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000089969**1. Entity Name
THE CRUISE LINE, INC.

Principal Place of Business

150 N.W. 168TH STREET
SUITE 200
NORTH MIAMI BEACH
33169

FL

Mailing Address

150 N.W. 168TH STREET
SUITE 2000
NORTH MIAMI BEACH
33169

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2675436

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

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)

04/27/2001

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 AS ☐ Delete
NAME BELL SUZANNE B
STREET ADDRESS 220 CONGRESS PARK DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE VD ☐ Delete
NAME DOYLE PATRICK
STREET ADDRESS 220 CONGRESS PARK DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE V ☐ Delete
NAME CHIRON STEWART
STREET ADDRESS 150 N.W. 168TH STREET, STE. 200
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169TITLE P ☐ Delete
NAME COLEMAN TIMOTHY M
STREET ADDRESS 220 CONGRESS PARK DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPAS ☒ Change ☐ Addition
NAME DEL PINO GEORGE
STREET ADDRESS 220 CONGRESS PARK DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE DVAS ☒ Change ☐ Addition
NAME DOYLE PATRICK
STREET ADDRESS 220 CONGRESS PARK DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE VP ☒ Change ☐ Addition
NAME SHEROTA JEFFREY
STREET ADDRESS 150 N.W. 168TH STREET, STE. 200
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169TITLE DPS ☒ Change ☐ Addition
NAME BLOODWORTH JOHN M
STREET ADDRESS 220 CONGRESS PARK DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: PATRICK DOYLE, VICE PRESIDENT

DVAS

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)