

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0547828 AV

**DOCUMENT # P96000090055**

1. Entity Name

**SEACOAST YACHT CHARTERS, INC.**

04-09-2002 91185 004 \*\*\*150.00

Principal Place of Business

**331 ANCLOTE ROAD  
TARPON SPRINGS FL 34689**

Mailing Address

**331 ANCLOTE ROAD  
TARPON SPRINGS FL 34689**

2. Principal Place of Business

**41 Oscar Hill Rd**

3. Mailing Address

**41 Oscar Hill Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tarpon Springs FL**

City & State

**Tarpon Springs FL**

Zip

**34689**

Country

**USA**

Zip

**34689**

Country

**USA**

4. FEI Number

**59-3415050**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**NUTT, BETTY S**

**311 ANCLOTE ROAD**

**TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name

**Nutt, Betty S.**

Street Address (P.O. Box Number is Not Acceptable)

**41 Oscar Hill Rd**

City

**Tarpon Springs**

FL

Zip Code

**34689**

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, 2002 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 **PD** ☐ Delete  
NAME **BURNEY, JOHN W**  
STREET ADDRESS **3435 ROXBURY DR**  
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **VSD** ☐ Delete  
NAME **NUTT, BETTY S**  
STREET ADDRESS **3435 ROXBURY DR**  
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **TD** ☐ Delete  
NAME **HODOWAY, JOHN W**  
STREET ADDRESS **PO BOX 55268**  
CITY-ST-ZIP **LITTLE ROCK AR 72215**

TITLE **D** ☐ Delete  
NAME **OGLE, JAMES H**  
STREET ADDRESS **332 OLD WIRE ROAD**  
CITY-ST-ZIP **ATKINS AR 72823**

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)