

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026945

1. Entity Name

ADVENTURE GUIDES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90145 022 ***150.00

Principal Place of Business

Mailing Address

6715 IMPERIAL RIVER ROAD
NAPLES FL 34134
US

26715 IMPERIAL RIVER ROAD
NAPLES FL 34134
US

2. Principal Place of Business

27594 Imperial River Rd

3. Mailing Address

27594 Imperial River Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. FEI Number

59-3449383

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

CRANE, TREVOR
27615 IMPERIAL RIVER ROAD
BONITA SPRINGS FL 34134

Name

Trevor Crane

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

27594 Imperial River Rd

City

Bonita Springs

FL

Zip Code

34134

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

Trevor Crane

4.17.2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CRANE, TREVOR
CITY-ST-ZIP 27615 IMPERIAL RIVER ROAD
BONITA SPRINGS FL 34134

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS CRANE, TREVOR
CITY-ST-ZIP 27594 Imperial River Rd
Bonita Springs FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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:

Trevor Crane

4/17/2000

(941) 564-5686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)