

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033488

1. Entity Name
CORAL ISLAND CHARTERS, INC.

Principal Place of Business

6508 WINDING LAKE DR
JUPITER FL 33458

Mailing Address

P.O. BOX 2913
JUPITER FL 33468
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6508 Winding Lake Dr.

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

USA

4. FEI Number 65-0750576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IVES, VARESHA A
6508 WINDING LAKE DR
JUPITER FL 33458

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, 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

TITLE P ☐ Delete
NAME MAUNEY, JAMES L
STREET ADDRESS 6508 WINDING LAKE DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE TMV ☐ Delete
NAME IVES, VARESHA
STREET ADDRESS 6508 WINDING LAKE DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91098 003 ***150.00

00047679



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)