

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039234

1. Entity Name

THE AIRBOAT EXPERIENCE OF THE EVERGLADES, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90501 006 ***150.00

Principal Place of Business

Mailing Address

3200 SAN MARCO RD.
MARCO ISLAND FL 34140

P. O. BOX 51
GOODLAND FL 34140

2. Principal Place of Business

3. Mailing Address

3200 San Marco Rd.

P.O. Box 57

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Marco Island, Fla

Goodland, Fla

4. FEI Number 59-3457033

Applied For

Not Applicable

Zip

Country

Zip

Country

34145

Collier

34140

Collier

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

WEBER, PATRICK C ESQ
4532 E. TAMiami TRAIL., #205
NAPLES FL 34112

Name

Pat. Weber

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

4532 E. Tamiami Tr.

City

Naples Fla 34112

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

Pat Weber

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	RIVERS, ROBERT JR.	
STREET ADDRESS	P.O. BOX 57, N/A	
CITY-ST-ZIP	GOODLAND FL 34140	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PREDMORE, KARL L	
STREET ADDRESS	P.O. BOX 57, N/A	
CITY-ST-ZIP	GOODLAND FL 34140	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Karl L Predmore

Karl L. Predmore

3/6-01

941 642 3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)