

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060021

1. Entity Name

WALKABOUT CHARTERS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 6:37

Principal Place of Business

Mailing Address

550 NORTH REO  
TAMPA FL 33629

550 NORTH REO  
TAMPA FL 33609-1061

2. Principal Place of Business

3. Mailing Address

2202 North West Shore Boulevard

2202 North West Shore Boulevard

5<sup>th</sup> Floor  
City & State

5<sup>th</sup> Floor  
City & State

Tampa, Florida

Tampa, Florida

33607

Country USA

33607

Country USA

4. FEI Number 59-3456732

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

BEHRENFELD, CRAIG E  
601 BAYSHORE BLVD SUITE 700  
TAMPA FL 33606

Name Joseph J. Eadon

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

2202 N. West Shore Blvd., 5th Floor  
Tampa, Florida 33607

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)

4/28/00

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 D  
NAME GANNON, JOHN TIMOTHY  
STREET ADDRESS 550 NORTH REO  
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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

TITLE D  
NAME GANNON, PETER  
STREET ADDRESS 550 NORTH REO  
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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

TITLE D  
NAME FARRELL, M. TIMOTHY  
STREET ADDRESS 550 NORTH REO  
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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  
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

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

4/28/00

Date

813/262-1225

Daytime Phone #

CR2E034 (9/99)