

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063387

1. Entity Name  
B&D SAIL BOAT CHARTER, INC.

Principal Place of Business  
1212 NE 17 WAY  
FT. LAUDERDALE FL 33304

Mailing Address  
1212 NE 17 WAY  
FT. LAUDERDALE FL 33304

2. Principal Place of Business

1314 E. Las Olas Blvd

3. Mailing Address

1314 E. Las Olas Blvd

Suite, Apt. #, etc.

38

Suite, Apt. #, etc.

38

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORES, DOROTHY  
1212 NE 17 WAY  
FT LAUDERDALE FL 33304

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

*Dorothy Moores*

4/27/01

(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	P	<input type="checkbox"/> Delete
NAME	MOORES, CHARLES	
STREET ADDRESS	1212 NE 17 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORES, DOROTHY	
STREET ADDRESS	1212 NE 17 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 reports 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President Charles Moores*

Date

4/27/01

Daytime Phone #

954-523-5746



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90027 015 \*\*\*150.00