

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90051 019 ***150.00

DOCUMENT # P97000077596

1. Entity Name
CAPTAIN CRACKERS, INC.

Principal Place of Business
 STUDIOS CITYWALK
 740E 600 UNIVERSAL BOULEVARD
 ORLANDO FL 32819

Mailing Address
 ST. ARMANDS CIRCLE
 17 S. BLVD. OF THE PRESIDENTS
 SARASOTA FL 34236-1423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Universal Studios Citywalk
 Suite, Apt. #, etc.
 # 740E 6000 Universal Blvd.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Orlando, Florida

City & State

4. FEI Number **59-3478473**

Applied For
 Not Applicable

Zip Country
 32819 U.S.

Zip Country

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

OSMAN, BARRY L.
 17 S. BLVD OF THE PRESIDENTS
 SARASOTA FL 34236

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 _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD OSMAN, BARRY 17 S. BLVD. OF THE PRESIDENTS SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD OSMAN, SUZANNE 17 S. BLVD. OF THE PRESIDENTS SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Barry Osman* **BARRY OSMAN** 1/14/00 941 388 2329
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)