

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 12, 2000 8:00 am
Secretary of State

05-26-2000 90113 030 ***150.00

DOCUMENT # P97000083091

1. Entity Name

SEAFARER'S 1997, INC.

Principal Place of Business

2272 AIRPORT ROAD SOUTH
 SUITE 203
 NAPLES FL 34112

Mailing Address

2272 AIRPORT ROAD SOUTH
 SUITE 203
 NAPLES FL 34112-4837

2. Principal Place of Business

266 Virginia Ave

3. Mailing Address

P.O. Box 216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS BEACH FL

City & State

FT. MYERS BEACH FL

Zip

33931

Country

USA

Zip

33931

Country

USA

DO NOT WRITE IN THIS SPACE

593470043

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

8. Name and Address of Current Registered Agent

LEIGH, DAVID E

3777 TAMiami TRAIL NORTH
 SUITE 201
 NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

WIEBE, JOERG

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

266 VIRGINIA AVE

City

FT. MYERS BEACH FL

Zip

33931

9. 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)

4/30/00

DATE

10. 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

TITLE D
 NAME WIEBE, JOERG
 STREET ADDRESS 2272 AIRPORT ROAD SOUTH STE 203
 CITY-ST-ZIP NAPLES FL 34112

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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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 an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 941-691-8872

Date

Daytime Phone #

CR2E034 (9/99)