

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90563 042 ***150.00

DOCUMENT # P97000098440

1. Entity Name

WGB AND ASSOCIATES, INC.

Principal Place of Business

**SEACOAST YACHT CHARTERS
331 ANCLOTE RD
TARPON SPRINGS FL 34689**

Mailing Address

**SEACOAST YACHT CHARTERS
331 ANCLOTE RD
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

DONALD W. ROLL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8601 ESTATE DRIVE

City & State

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33411**WEST PALM BEACH
FL 33411**4. FEI Number **23-2937346**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROWE, BILLY L
SEACOAST YACHT CHARTERS
331 ANCLOTE RD
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **DONALD W. ROLL**

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

8601 ESTATE DRIVE**WEST PALM BEACH****FL**Zip Code
33411

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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PTD BOHM, WILLIAM G**
STREET ADDRESS **138 TREETOPS DRIVE**
CITY-ST-ZIP **LANCASTER PA 17601**TITLE ☐ Delete
NAME **VSD BOHM, AMELIA E**
STREET ADDRESS **138 TREETOPS DRIVE**
CITY-ST-ZIP **LANCASTER PA 17601**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2E034 (10/00)