2000 UNIFORM BUSINESS REPORT (UBR) FILED May 26, 2000 8:00 am DOCUMENT # **P97000102476** Secretary of State TWELVE OAKS YACHT CHARTER, INC. 05-26-2000 90107 034 ***150.00 Principal Place of Business Mailing Address 5161 MAJORCA CLUB DRIVE 5161 MAJORCA CLUB DRIVE BOCA RATON FL 33486-8709 **BOCA RATON FL 33486** UUVVVV--2. Principal Place of Business 3. Mailing Address 7491 N. Federal 491 N. Federa DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number oca Raton 65-0797738 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New-Registered Agent ---Name RUSHING, TERESA W Street Address (P.O. Box Number is Not Acceptable) 5161 MAJORIE CLUB DR **BOCA RATON FL 33486** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE John C. Rushing Jr RUSHING, JOHN C JR NAME NAME 7491 N. Federal Huy C-5 Baca Raten, FL 33487 STREET ADDRESS STREET ADDRESS 5161 MAJORCA CLUB DRIVE CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33486 VSTD** TITLE Delete TITLE NAME RUSHING, TERESA W NAME STREET ADDRESS 5161 MAJORCA CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 affire like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-00

561-994-0007

Daytime Phone #