

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90112 035 ***150.00

DOCUMENT # P97000102603

1. Entity Name

SEVEN SEAS TRAVEL OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

348 N CONGRESS AVE
BOYNTON BEACH FL 33426
US

348 N CONGRESS AVE
BOYNTON BEACH FL 33426-3414
US

2. Principal Place of Business

3. Mailing Address

348 N. Congress Ave
Suite, Apt. #, etc.

348 N. Congress Ave
Suite, Apt. #, etc.

City & State

City & State

Boynton Beach, FL

Boynton Beach, FL

Zip

Country

Zip

Country

33426 USA

33426 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALOGH, EUGENE W
1920 S OCEAN BLVD VILLA B
DELRAY BEACH FL 33483

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

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, 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	<input type="checkbox"/> Delete
	C	BALOGH, EUGENE W	1340 FAIRFAX CIRCLE EAST BOYNTON BEACH FL 33462-7412	<input type="checkbox"/>
	S	BALOGH, VIRGINIA A	1920 S OCEAN BLVD VILLA B DELRAY BEACH FL 33483	<input type="checkbox"/>
	T	BALOGH, ANDREW E	1340 FAIRFAX CIRCLE EAST BOYNTON BEACH FL 33462-7412	<input type="checkbox"/>
	GM	BALOGH, NOELLE	1340 FAIRFAX CIRCLE EAST BOYNTON BEACH FL 33462-7412	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (9/99)