

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011092

1. Entity Name
FIVE STAR LUXURY CRUISES LIMITED, INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90009 006 ***150.00

Principal Place of Business
1310 MAIN ST.
SARASOTA FL 34236

Mailing Address
1310 MAIN ST.
SARASOTA FL 34236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0818225

Applied For
Not Applicable

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

BARTLETT, CHARLES J
2033 MAIN ST.
STE. 600
SARASOTA FL 34237

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.

(NOT: 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 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 D ☐ Delete
NAME DICKINSON, GARY
STREET ADDRESS 1310 MAIN ST.
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE D ☐ Delete
NAME DICKINSON, LORRAINE
STREET ADDRESS 1310 MAIN ST.
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. I have not changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 APR 2001 941 955 3022

Date

Daytime Phone #

CR2E034 (10/00)

660765
Document# P980000110912

FIVE STAR LUXURY CRUISES, LTD.

Representing Fine Cruising, Fine Clothing

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

25 May, 2001

Re: Late Payment

Dear Sirs,

Please accept the annual fee payment for my corporation. I am sorry that it is late.

The Vice-President of Five Star Luxury Cruises was struck by a car as a pedestrian on the 10 April, 2001. She was hospitalized, but has recovered now. This is a small business with only 2 employees, so the whole event was very disruptive.

That is the reason this is late. We are just now getting caught up on our obligations. A police report is attached for documentation.

I respectfully request that you take this into account and will not apply the \$400 late penalty fee.

Thanking you in advance for your kind consideration.

Sincerely,



Gary S. Dickinson
President
Five Star Luxury Cruises

CUNARD

Crystal ★ Royal Caribbean ★ Seabourn ★ Silversea ★ Holland America

1310 main street sarasota, florida 34236 ★ email cruisestore@aol.com
tel 941 955 3022 ★ fax 941 955 0698 ★ toll free 888 578 2776 ★ www.luxury-cruises.com

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

Document # 660765
P98000011012

DATE OF CRASH 04/10/01	TIME OF CRASH 10:17 AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED 10:20 AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED 10:21 AM <input checked="" type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER 01-020032	HSMV CRASH REPORT NUMBER 60100122
COUNTY / CITY CODE 16-50	FEET or MILES <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILES	N S E W <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	CITY OR TOWN SARASOTA	(Check if in City or Town)	COUNTY SARASOTA
AT NODE NO. or 00310	FEET or MILES <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILES	FROM NODE NO. 00309	NO. OF LANES 4	<input checked="" type="checkbox"/> 1. DIVIDED <input type="checkbox"/> 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY S.R. 45
AT THE INTERSECTION OF MAIN ST.	FEET or MILES <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILES	N S E W <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	FROM INTERSECTION OF		

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A 3	YEAR 98	MAKE DODGE	TYPE 03	USE 01	VEH. LICENSE NUMBER F9KMT	STATE FL	VEHICLE IDENTIFICATION NUMBER 3B7HC1272W4228625	SHOW FIRST POINT OF VEHICLE CONTACT AND CIRCLE DAMAGED AREA(S) 14	
TRAILER OR TOWED VEHICLE INFORMATION								EST. TRAILER DAMAGE 2	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) UNITED SERVICES AUTO ASSN								VEHICLE REMOVED BY: 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other 3	
NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>								CITY AND STATE SARASOTA FL	
NAME OF OWNER (Trailer or Towed Vehicle)								CITY AND STATE SARASOTA FL	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN LORRAINE F. DICKINSON								DATE OF BIRTH 2-11-58	
DRIVER LICENSE NUMBER D252526585510								CITY & STATE / ZIP CODE SARASOTA FL	
HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No								PLACARDED <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
PASSENGER'S NAME (Additional on Narrative Page) NONE								CITY & STATE / ZIP CODE SARASOTA FL	

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A 3	YEAR 98	MAKE DODGE	TYPE 03	USE 01	VEH. LICENSE NUMBER F9KMT	STATE FL	VEHICLE IDENTIFICATION NUMBER 3B7HC1272W4228625	SHOW FIRST POINT OF VEHICLE CONTACT AND CIRCLE DAMAGED AREA(S) 14	
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NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>								CITY AND STATE SARASOTA FL	
NAME OF OWNER (Trailer or Towed Vehicle)								CITY AND STATE SARASOTA FL	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN BRADISON THOMAS AVERITT								DATE OF BIRTH 9-24-80	
DRIVER LICENSE NUMBER A163078803440								CITY & STATE / ZIP CODE SARASOTA FL	
HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No								PLACARDED <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
PASSENGER'S NAME (Additional on Narrative Page) NONE								CITY & STATE / ZIP CODE SARASOTA FL	

VEHICLE TYPE 01 Automobile 02 Passenger Van 03 Pickup/Light Truck - 2 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Engine) 07 Motor Home (RV) 08 Bus 09 Bicycle 10 Motorcycle 11 Moped 12 All Terrain Vehicle 13 Train 77 Other	VEHICLE USE 01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Private School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 77 Other	TRAILER TYPE 01 Single Semi Trailer 02 Tandem Semi Trailer (s) 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 77 Other	RESIDENCE (Driver Only) 1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown DL TYPE 1 A 2 B 3 C 4 D Chauffeur 5 E Operator 6 F Operator - Rest 7 Other REQUIRED ENDORSEMENTS 1 Yes 2 No 3 No Endorsement Required	PHYSICAL DEFECTS 1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Blindness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	ALCOHOL / DRUG USE 1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALCO/DRUG Test Results SAFETY EQUIPMENT IN USE 1 Not in Use 2 Seat Belt / Shoulder harness 3 Child Restraint 4 Air Bag 5 Safety Helmet 6 Eye Protection	LOCATION IN VEHICLE 1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial
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EMS INFO FATALS ONLY	TIME EMS NOTIFIED	AM <input type="checkbox"/> PM <input type="checkbox"/>	TIME EMS ARRIVED	AM <input type="checkbox"/> PM <input type="checkbox"/>	COUNTY / CITY CODE <u>16-50</u>	DATE OF CRASH <u>4-10-01</u>	INVEST. AGENCY REPORT NUMBER <u>01-020032</u>	HSMV CRASH REPORT NUMBER <u>60100122</u>
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NARRATIVE / ADDITIONAL PASSENGERS

PEDESTRIAN #1 WAS CROSSING SR45 @ MAIN ST.

WEST TO EAST. VEHICLE #2 WAS STOPPED AND
TRAFFIC SIGNAL W/B ON MAIN ST. @ SR45.

WHEN TRAFFIC SIGNAL TURNED GREEN FOR EAST/
WEST TRAFFIC, D2 WAITED FOR ONCOMING TRAFFIC
TO CLEAR BEFORE HE COULD MAKE A LEFT-HAND
TURN ONTO S/B SR45. DURING THIS SHORT
PROCESS, P1 PROCEEDED TO CROSS IN THE AREA OF
THE CROSSWALK. D2 DID NOT SEE P1, AND
SUBSEQUENTLY V2 STRUCK P1.

SEC #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

WITNESS - NAME ADDRESS CITY & STATE ZIP
1 ADRIENNE VITTADINI 1377 BAYSIDE DR. SARASOTA, FL (941) 349-1527
WITNESS - NAME ADDRESS CITY & STATE ZIP
2 ADRIENNE VITTADINI 1115 5TH AVE. NEW YORK, NY (212) 289-7252

FIRST AID GIVEN BY - NAME: SCFD
1 Physician or Nurse 4 Certified 1st Aider
2 Paramedic or EMT 5 Other
INJURED TAKEN TO: SMH
BY - NAME: SCFD

WAS INVESTIGATION MADE AT SCENE? ☒ YES ☐ NO WHERE? ☒ YES ☐ NO WHY?
IS INVESTIGATION COMPLETE? ☒ YES ☐ NO
DATE OF REPORT 01/4/10/01/ PHOTOS TAKEN? ☒ YES ☐ NO
INVESTIGATOR - RANK & SIGNATURE OF Rick Lewis ID / BADGE NUMBER 736/114 DEPARTMENT SARASOTA P.D.
FHP SO CPO OTHER ☒

3 4

APR 12 2001