

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019115

1. Entity Name

CRUISE INSTITUTE INTERNATIONAL, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90112 026 ***150.00

Principal Place of Business

926 ELYSIUM BLVD.
MT. DORA FL 32757

Mailing Address

926 ELYSIUM BLVD.
MT. DORA FL 32757-7025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3513559**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DERMODY, DONAL A
926 ELYSIUM BLVD.
MT. DORA FL 32757-7025

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	PD	<input type="checkbox"/> Delete
NAME	STARK, P J	
STREET ADDRESS	4402 BARNDALE CT.	
CITY-ST-ZIP	JAMESTOWN NC 27282	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARTHUR, CATHERINE	
STREET ADDRESS	1809 SILVER VALLEY COURT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	DERMODY, DONAL	
STREET ADDRESS	926 ELYSIUM BLVD.	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/21/00

Date

336-834-5428

Daytime Phone #

CR2E034 (9/99)