

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027877

1. Entity Name

BOAT TREE-GULF COAST, INC. ✓

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90031 030 ***558.75

Principal Place of Business

~~1024~~ 2202 33RD STREET
 ORLANDO FL 32839

Mailing Address

2202 33RD STREET
 ORLANDO FL 32839

2. Principal Place of Business

2202 33RD STREET

3. Mailing Address

2202 33RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3501579

Applied For

Not Applicable

Zip

32839

Country

U.S.

Zip

32839

Country

U.S.

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

HUMPHRIES, J G
 20 N. ORANGE AVE.
 SUITE 1000
 ORLANDO FL 32801-4626

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 POZO, JOE G JR. ☐ Delete
 NAME
 STREET ADDRESS ~~1024 33RD STREET~~
 CITY-ST-ZIP ORLANDO FL 32839

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS → 2203 33RD STREET
 CITY-ST-ZIP ORLANDO, FL 32839

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/25/2000

Daytime Phone #

407-472-8441

CR2E034 (5/00)