

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032717

1. Entity Name

BAITRUNNER CHARTERS INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90048 028 ***150.00

Principal Place of Business

Mailing Address

1060 52ND STREET, GULF
MARATHON FL 33050

1060 52ND STREET, GULF
MARATHON FL 33050-2648

2. Principal Place of Business

3. Mailing Address

HAWKS CAY MARINA/Resort 138 GULFWINDLANE
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUCK KEY FL.

MARATHON FL

Zip

Country

33050

USA

Zip

Country

33050

USA

4. FEI Number

65-0909415

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

GREENMAN, FRANKLIN D ESQ.
5800 OVERSEAS HWY.
MARATHON FL 33050

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 ☐ Delete
NAME D FARNES, BYRON LEE
STREET ADDRESS 1060 52ND STREET, GULF
CITY-ST-ZIP MARATHON FL 33050

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

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:

Byron Lee Farnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2000 (305) 743-7548
Date Daytime Phone #

CR2E034 (9/99)