

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062415

1. Entity Name

BLACK DUCK CHARTER COMPANY, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90059 027 ***150.00

Principal Place of Business

7549 HIGH PINES CT.
PT. RICHEY FL 34668

Mailing Address

7549 HIGH PINES CT.
PT. RICHEY FL 34668-5826

2. Principal Place of Business

Corch Harbor Marina

3. Mailing Address

PO Box 1146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key West, FL

Key West, FL

Zip

Zip

33040

Country

USA

Country

USA

4. FEL Number

59-3587688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VISCEGLIE, JOSEPH D
7549 HIGH PINES CT.
PT. RICHEY FL 34668

7. Name and Address of New Registered Agent

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

Joseph D. Visceglie

(NOTE: Registered Agent signature required when reinstating)

3-29-00

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	LOVELY, CHERYL A	
STREET ADDRESS	7549 HIGH PINES CT.	
CITY-ST-ZIP	PT. RICHEY FL 34668	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	VISCEGLIE, JOSEPH D	
STREET ADDRESS	7549 HIGH PINES CT.	
CITY-ST-ZIP	PT. RICHEY FL 34668	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl A. Lovely	
STREET ADDRESS	5031 5th Ave C-10	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph D Visceglie	
STREET ADDRESS	5031 5th Ave C-10	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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

Joseph D. Visceglie

Date

3/29/00

Daytime Phone #

(305) 296-4404