## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTE

SIGNING OFFICER OF DIRECTO

## FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # **P99000062786** SPACE COAST SAILING CENTER, INC. 05-12-2001 90003 009 \*\*\*150.00 Principal Place of Business Mailing Address 1399 BANANA RIVER DRIVE 218A E. EAU GALLIE BLVD. #36 INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3588097 Not Applicable Zip Country Zio Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCIS VINCENT MORRISON, JR.: Street Address (P.O. Box Number is Not Acceptable) 1399 BANANA RIVER DRIVE INDIAN HARBOUR BEACH FL 32937 City Zip Code FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME FRANCIS VINCENT MORRISON, JR. NAME STREET ADDRESS 218 E. EAU GALLIE BLVD. #36 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MORRISON, RITA MARIE NAME STREET ADDRESS STREET ADDRESS 218A E. EAU GALLIE BLVD. #36 CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ORKSONTK. 4/27/01