

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90147-035-\$550.00-\$550.00

DOCUMENT # P99000084685

1. Entity Name

CHAMPAGNE YACHT CHARTERS, INC.

Principal Place of Business

4117 BOUGAINVILLE DRIVE
LAUDERDALE BY THE SEA FL 33308

Suite 515

Mailing Address

4117 BOUGAINVILLE DRIVE
LAUDERDALE BY THE SEA FL 33308

SUITE 515

FILED

00 OCT -9 PM 1:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0960926

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

HEALEY, PAUL
4117 BOUGAINVILLE DRIVE
LAUDERDALE BY THE SEA FL 33308

SUITE 515

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 reinstalling)

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

TITLE: **D** Delete
NAME: **HEALEY, PAUL**
STREET ADDRESS: **4117 BOUGAINVILLE DRIVE SUITE 515**
CITY-ST-ZIP: **LAUDERDALE BY THE SEA FL 33308**

TITLE: **D** Delete
NAME: **CALLAHAN, JULIE**
STREET ADDRESS: **4117 BOUGAINVILLE DRIVE SUITE 515**
CITY-ST-ZIP: **LAUDERDALE BY THE SEA FL 33308**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
KE

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:

Julie Callahan **REQUIRE** *Julie Callahan*

7/21/2000 (954) 771-5746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (5/00)