

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089605

1. Entity Name

ANCHORS AWEIGH BOAT TOURS, INC. ✓

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90012 040 \*\*\*550.00

Principal Place of Business

925 KNOB HILL CIRCLE  
 KISSIMMEE FL 34744

Mailing Address

925 KNOB HILL CIRCLE  
 KISSIMMEE FL 34744

2. Principal Place of Business

12 TARPON LANE

3. Mailing Address

Suite, Apt. #, etc.  
 12 TARPON LANE

Suite, Apt. #, etc.

ST. AUGUSTINE

City & State  
 ST. AUGUSTINE, FLA.

City & State

ST. AUGUSTINE, FLA.

4. FEI Number

59-3602108

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAULMON, WILLIAM D  
 925 KNOB HILL CIRCLE  
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name SAULMON, WILLIAM D.  
 Street Address (P.O. Box Number is Not Acceptable)  
 12 TARPON LANE  
 City ST. AUGUSTINE FL Zip Code 32080

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 William D. Saulmon WILLIAM D. SAULMON DATE 9/11/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D SAULMON, WILLIAM D	925 KNOB HILL CIRCLE	KISSIMMEE FL 34744	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: William D. Saulmon WILLIAM D. SAULMON DATE 9/11/00 (904) 501-5002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #