

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90128 025 \*\*\*150.00

**DOCUMENT # P99000089850**

1. Entity Name  
**VICTORIA MICHAEL CRUISES, INC.**

Principal Place of Business Mailing Address  
**385 E. DONEGAN AVE. 385 E. DONEGAN AVE.**  
**KISSIMMEE FL 34744 KISSIMMEE FL 34744**

2. Principal Place of Business 3. Mailing Address  
**4765 Estero Blvd 4765 Estero Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
**Fort Myers Beach, FL Fort Myers Beach, FL**  
 Zip Country Zip Country  
**33931 Lee 33931 Lee**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3603300** 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**

**SWART, HARRY J CPA**  
**717 E. OAK ST.**  
**KISSIMMEE FL 34744**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWMAN, MICHAEL A</b> <b>385 E. DONEGAN AVE.</b> <b>KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWMAN, VICTORIA MILO</b> <b>385 E. DONEGAN AVE.</b> <b>KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Michael Newman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 941 765 6692  
 Date Daytime Phone #

CR2E034 (10/00)