

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091357

1. Entity Name

SIESTA KEY DOLPHIN TOURS, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90058 038 \*\*\*150.00

Principal Place of Business

6449 BEECHWOOD AVE.  
SARASOTA FL 34231

Mailing Address

6449 BEECHWOOD AVE.  
SARASOTA FL 34231-3808

2. Principal Place of Business

6526 PEACOCK RD  
Suite, Apt. #, etc.

3. Mailing Address

3843 OBSERVATION PL.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

ESCONDIDO CA

4. FEI Number

59-3604965

Applied For

Not Applicable

Zip

34242

Country

USA

Zip

92025

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NORTHERN, GREGORY L  
6449 BEECHWOOD AVE.  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name NORTHERN, GREGORY L.

Street Address (P.O. Box Number is Not Acceptable)

6526 PEACOCK RD

City

SARASOTA

FL

Zip Code

34242

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

*Greg North*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	NORTHERN, GREGORY L	
STREET ADDRESS	6449 BEECHWOOD AVE.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTHERN, ANITA L	
STREET ADDRESS	6449 BEECHWOOD AVE.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTHERN, GARY L	
STREET ADDRESS	6449 BEECHWOOD AVE.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTHERN, REGENE C	
STREET ADDRESS	3843 OBSERVATION PLACE	
CITY-ST-ZIP	ESCONDIDO CA 92025	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTHERN, GREGORY L.	
STREET ADDRESS	6526 PEACOCK RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTHERN, ANITA L.	
STREET ADDRESS	6526 PEACOCK RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
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:

*Regene C. Northern, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 31, 2000*  
Date

*760-737-7648*  
Daytime Phone #

CR2E034 (9/99)