

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096452

1. Entity Name

OUTBACK BACKCOUNTRY CHARTERS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90096 021 ***150.00

Principal Place of Business

Mailing Address

22927 PORT ROYAL LANE
 CUDJOE KEY FL 33042

22927 PORT ROYAL LANE
 CUDJOE KEY FL 33042-4304

2. Principal Place of Business

3. Mailing Address

#5 Ventana Ln.
 Suite, Apt. #, etc.

#5 Ventana Ln.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Key West FL 33040
 Zip 33040 Country U.S.

Key West FL
 Zip 33040 Country U.S.

4. FEI Number

65-0976681

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

SPOSATO, ANNELIESE
 22927 PORT ROYAL LANE
 CUDJOE KEY FL 33042

Name

Gwynn JAMES

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

#5 Ventana Ln.

City

Key West.

FL

Zip Code

33040

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

James Gwynn

JAMES Gwynn

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
 NAME SPOSATO, ANNELIESE
 STREET ADDRESS 22927 PORT ROYAL LANE
 CITY-ST-ZIP CUDJOE KEY FL 33042

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

TITLE D ☐ Delete
 NAME GUWYNN, JAMES
 STREET ADDRESS 5 VENTANA LANE
 CITY-ST-ZIP KEY WEST-FL 33040

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

James Gwynn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES Gwynn

Date

4-28-00 294-2998

Daytime Phone #