

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104360

1. Entity Name

ROYAL YACHT CHARTERS, INC.

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

02-15-2000 90028 014 ***150.00

Principal Place of Business

Mailing Address

424 CORAL WAY
FORT LAUDERDALE FL 33301

424 CORAL WAY
FORT LAUDERDALE FL 33301

2. Principal Place of Business

341 ROYAL PLAZA DR
Suite, Apt. #, etc.

3. Mailing Address

341 ROYAL PLAZA DR
Suite, Apt. #, etc.

City & State

FT LAUDERDALE
Zip 33301 Country USA

City & State

FT LAUDERDALE
Zip 33301 Country USA

4. FEI Number

65-0965607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHILLINGWORTH, JOHN F
424 CORAL WAY
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 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 PRESIDENT
NAME JOHN FRANCIS CHILLINGWORTH
STREET ADDRESS 341 ROYAL PLAZA DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)