

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
 03-14-2000 90061 029 ***150.00

DOCUMENT # **P 99000110646**
 1. Entity Name
RHODE RIVER CHARTERS, INC.

Principal Place of Business Mailing Address
2629 NO. RIVERSIDE DR
SLIP 5
POMPADOR BEACH, FL. 33062

2. Principal Place of Business 3. Mailing Address
2629 N. RIVERSIDE DR **4420 NE 24 AV.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#5

City & State City & State
POMPADOR BEACH, FL. 33062 **LIGHTHOUSE PT. FL.**
 Zip Country Zip Country
33062 **BROWARD** **33064** **BROWARD**

4. FEI Number Applied For
55-1440061
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VALERIE R. VOLLRATH
2629 NO RIVERSIDE DR #5
POMPADOR BEACH, FL. 33062

7. Name and Address of New Registered Agent
 Name **VALERIE R. VOLLRATH**
 Street Address (P.O. Box Number is Not Acceptable) **4420 NE 24 AV**
 City **LIGHTHOUSE POINT FL** Zip Code **33064**

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 **X Valerie R. Vollrath Pres.** **3/8/00**
 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. ☐ **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 **P.D. VOLLRATH, VALERIE R.** ☐ Delete
 NAME
 STREET ADDRESS **4420 NE 24 AV.**
 CITY-ST-ZIP **LIGHTHOUSE PT. FL. 33064**
 TITLE **S** ☐ Delete
 NAME **CRAIG, GARY E.**
 STREET ADDRESS **4420 NE 24 AV.**
 CITY-ST-ZIP **LIGHTHOUSE PT. FL. 33064**
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 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 for 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: **X Valerie R. Vollrath Pres.** **3/8/00** **954 783 2126**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)