

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051661

1. Entity Name

ADVENTURE ENTERPRISES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90017 046 ***150.00

Principal Place of Business

1791 KILLARNEY DRIVE
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 2003
WINTER PARK FL 32790-2003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3333914

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

BESKE, ROBERT S.
1791 KILLARNEY DRIVE
WINTER PARK FL 32789

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 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	P	<input type="checkbox"/> Delete
NAME	BESKE, ROBERT S.	
STREET ADDRESS	1791 KILLARNEY DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BESKE, BETTY C.	
STREET ADDRESS	1791 KILLARNEY DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHIROGIANIS, SHERI	
STREET ADDRESS	944 MILLENBECK	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	S	<input type="checkbox"/> Delete
NAME	RHODES, TAMMI	
STREET ADDRESS	1300 IRON HORSE BEND	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	T	<input type="checkbox"/> Delete
NAME	HILL, SHERRIE	
STREET ADDRESS	5268 SE PINE ST	
CITY-ST-ZIP	HILLSBORO OR 97123	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATSON, DARLENE	
STREET ADDRESS	P.O. BOX 2003	
CITY-ST-ZIP	WINTER PARK FL	

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)