

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025084

1. Entity Name

SUNWARD TOURS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90191 019 \*\*\*150.00

Principal Place of Business

Mailing Address

2755 N. Banana River Drive  
Merritt Island, FL 32952  
US

P.O. Box 1511  
Cape Canaveral, FL 32920  
US

00032182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

c/o R. L. Feldman, Esquire

Suite, Apt. #, etc.

300 Sevilla Ave., Ste. 305

City & State

City & State

Coral Gables, FL

4. FEI Number

59-3368484

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Feldman, Robert L.

300 Sevilla Ave. Ste. 305

Coral Gables, FL 33134

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          | D                        | <input type="checkbox"/> Delete |
| NAME           | Bodchon, David S.        |                                 |
| STREET ADDRESS | 2290 Jason Street        |                                 |
| CITY-ST-ZIP    | Merritt Island, FL 32952 |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | Bodchon, Margaret D.     |                                 |
| STREET ADDRESS | 2290 Jason Street        |                                 |
| CITY-ST-ZIP    | Merritt Island, FL 32952 |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

|                |            |  |
|----------------|------------|--|
| TITLE          | D, P       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |            |  |
| STREET ADDRESS |            |  |
| CITY-ST-ZIP    |            |  |
| TITLE          | D, V, S, T | <input checked="" 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    |            |  |
| TITLE          |            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |            |  |
| STREET ADDRESS |            |  |
| CITY-ST-ZIP    |            |  |

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: Margaret D. Bodchon

Margaret D. Bodchon

4/7/00

321-453-0704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)