

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91725 007 ***150.00

DOCUMENT # 332102

1. Entity Name

VOYAGER GROUP, INC.

Principal Place of Business

**11222 QUAIL ROOST DRIVE
 MIAMI FL 33157
 US**

Mailing Address

**801 CHERRY ST
 9TH FLOOR
 FORT WORTH TX 76102
 US**

2. Principal Place of Business

3. Mailing Address

11222 Quail Roost Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Corporate Planning
 Miami, FL**

City & State

Zip

Country

Zip

Country

33157

4. FEI Number

59-1236556

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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, 2002 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 **GAMBERRO, DARRELL G**
 STREET ADDRESS **110 W 7 ST**
 CITY-ST-ZIP **FT WORTH TX**

TITLE **President & Director** ☐ Change ☒ Addition
 NAME **R. Kevin Klotz**
 STREET ADDRESS **11222 Quail Roost Dr.**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **DS** ☐ Delete
 NAME **HEGGEN, ARTHUR W.**
 STREET ADDRESS **11222 QUAIL ROOST DR**
 CITY-ST-ZIP **MIAMI FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **mark cooper**
 STREET ADDRESS **2600 Interstate W. circle, NW**
 CITY-ST-ZIP **Atlanta, GA 30339**

TITLE **T** ☐ Delete
 NAME **CASTELO, ENRIQUE L**
 STREET ADDRESS **11222 QUAIL ROOST DR**
 CITY-ST-ZIP **MIAMI FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Allen Tuthill**
 STREET ADDRESS **2600 Interstate W. circle, NW**
 CITY-ST-ZIP **ATLANTA, GA**

TITLE **V** ☒ Delete
 NAME **MAY, DAVID P**
 STREET ADDRESS **110 WEST SEVENTH ST**
 CITY-ST-ZIP **FT. WORTH TX**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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:

Enrique Castelo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Enrique Castelo, Treasurer 4/29/02 305258 3244x33581

CR2E034 (9/01)