

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 340048

1. Entity Name

GULLIVER'S TRAVELS, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90009 012 ***150.00

Principal Place of Business

Mailing Address

1819 MAIN ST
SUITE 110
SARASOTA FL 34236
US

1819 MAIN ST
SUITE 110
SARASOTA FL 34236-5970
US

800155333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1991 MAIN ST

3. Mailing Address

1991 MAIN ST

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

SUITE 110

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

59-1297486

Applied For

Not Applicable

Zip

34236

Country

US

Zip

34236

Country

US

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

AMBROSE DAVID
1819 MAIN ST SUITE 110
SARASOTA FL 34236

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 V
NAME AMBROSE, DAVID
STREET ADDRESS 621 RANGER LANE
CITY-ST-ZIP SARASOTA, FL 00000 ☐ Delete

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

TITLE S
NAME AMBROSE, MARGARET
STREET ADDRESS 621 RANGER LANE
CITY-ST-ZIP SARASOTA, FL 00000 ☐ Delete

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

TITLE PT
NAME RIDLEY, DAVID
STREET ADDRESS 3321 OAK GROVE DRIVE
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE V
NAME RIDLEY, MAUREEN C.
STREET ADDRESS 3321 OAK GROVE DR
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE V
NAME FERGUSON, DERORE
STREET ADDRESS 1819 MAIN ST
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME FERGUSON, DEIRDE
STREET ADDRESS 1991 MAIN ST, SUITE 110
CITY-ST-ZIP SARASOTA FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

David Ambrose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 366-1590