

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 364947**

1. Entity Name

ADVENTURE TRAVELS OF POMPANO BEACH, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90016 033 ***150.00

Principal Place of Business
**2451 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33062**Mailing Address
**2451 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33062**

00000410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1301511**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, WILLIAM F.
2451 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

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, 2001 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	SVF	<input type="checkbox"/> Delete
NAME	COOPER, KATHRYN ANNE	
STREET ADDRESS	3700 NE 30TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE PT FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	COOPER, WILLIAM F	
STREET ADDRESS	3700 NE 30TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE PT FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COOPER, MARK S.	
STREET ADDRESS	3700 NE 30TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE PT FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARK, GLENDA	
STREET ADDRESS	2451 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	KIRSCHBAUM, KERI	
STREET ADDRESS	2451 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	FREELS, LINDA C	
STREET ADDRESS	2451 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BCH FL 33062	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 #

0124516

CR2E034 (10/00)