

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 461880

1. Entity Name

FANTASY TRAVEL, INC.

Principal Place of Business

3631 S FEDERAL HWY  
GULFSTREAM MALL  
BOYNTON BCH. FL 33435

Mailing Address

3631 S FEDERAL HWY  
GULFSTREAM MALL  
BOYNTON BCH. FL 33435-8656

2. Principal Place of Business

2160 West Atlantic Ave

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

Zip

33445

Country

USA

Zip

Country

4. FEI Number

59-1559049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BETLER, JANICE M  
1902 SW 17TH AVE  
BOYNTON BCH FL 33426

7. Name and Address of New Registered Agent

Name

Herbert C. Keilson

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

2160 West Atlantic Avenue

City

Delray Beach

FL

Zip Code

33445

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

*Herbert C. Keilson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-10-00

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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	BETLER, JANICE M	
STREET ADDRESS	1902 SW 17TH AVE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LIVANEC, JEROME A	
STREET ADDRESS	4098 KIRKLAND LANE	
CITY-ST-ZIP	LAKE WORTH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Director, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Doyle	
STREET ADDRESS	220 Congress Park Drive	
CITY-ST-ZIP	Delray Beach FL 33445	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herbert C. Keilson	
STREET ADDRESS	2160 West Atlantic Avenue	
CITY-ST-ZIP	Delray Beach FL 33445	
TITLE	Vice President, Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Del Pino	
STREET ADDRESS	220 Congress Park Drive	
CITY-ST-ZIP	Delray Beach FL 33445	
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		

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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:

*Herbert C. Keilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-00

Date

Daytime Phone #

CR2E034 (9/99)