

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 461880**1. Entity Name
FANTASY TRAVEL, INC.

Principal Place of Business

2160 WEST ATLANTIC AVE.

DELRAY BEACH
33445

FL

Mailing Address

2160 WEST ATLANTIC AVE.

DELRAY BEACH
33445

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1559049

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEILSON HERBERT C
2160 WEST ATLANTIC AVE.DELRAY BEACH
33445

FL

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROADCity
PLANTATION

FL

Zip Code
33324

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 **VICKY GOLDSTEIN, SPECIAL ASST. SECRETARY**

04/27/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete
NAME	DEL PINO GEORGE	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEILSON HERBERT C	
STREET ADDRESS	2160 WEST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	DOYLE PATRICK	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMITA DENISE E	
STREET ADDRESS	2820 CAMINO DEL RIO SOUTH, SUITE 300	
CITY-ST-ZIP	SAN DIEGO CA 92108	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDLAR WILLIAM C	
STREET ADDRESS	2820 CAMINO DEL RIO SOUTH, SUITE 300	
CITY-ST-ZIP	SAN DIEGO CA 92108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEILSON HERBERT C	
STREET ADDRESS	2160 WEST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE PATRICK	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
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: **PATRICK DOYLE, VICE PRESIDENT**

DVPS

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)