

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 487429

1. Entity Name

ODYSSEY TOURS INC.

Principal Place of Business

5827 LAKE WORTH RD  
LAKE WORTH FL 33463  
US

Mailing Address

5827 LAKE WORTH RD  
LAKE WORTH FL 33463  
US

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 59-1626072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWENBERG, SANDA  
6470 LAKE WORTH ROAD  
LAKE WORTH FL 33463

Name

LOWENBERG, SANDA

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

5827 Lake Worth Road

City

Lake Worth,

FL

Zip Code

33463

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

4/6/01

(Signature, typed or printed name of registered agent and title is acceptable)

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LOWENBERG, SANDA ☐ Delete  
STREET ADDRESS 155 MEADOWLARK DRIVE  
CITY-ST-ZIP ROYAL PALM BEACH FL

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

TITLE SD  
NAME HAUBER, HALINE ☐ Delete  
STREET ADDRESS 2210 A ROAD  
CITY-ST-ZIP LOXAHATCHEE FL

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

TITLE TD  
NAME LOWENBERG, SHIRLEY ☐ Delete  
STREET ADDRESS 155 MEADOWLARK DRIVE  
CITY-ST-ZIP ROYAL PALM BEACH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/6/01

(561) 439-1000

(Signature, typed or printed name of signing officer or director)

Date

Daytime Phone #

0319970

CR2E034 (10/00)

FILED  
Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90025 028 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE