

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 502226

1. Entity Name

Buccaneer Travel Agency Inc.

Principal Place of Business

Mailing Address

1 N. Dale Mabry, Suite 950
Tampa, FL 33609

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

59-166 2738

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

Corporation Information Services
1201 Hays Street
Tallahassee, FL 32301

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

BRIAN COURTNEY, ASST. V.P.

(NOTE: Registered Agent signature required when reinstating)

10/9/2000
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 P Orsino, Philip ☐ Delete
NAME
STREET ADDRESS 1600 Britannia Rd. E.
CITY-ST-ZIP Mississauga CANADA

TITLE TVP Tubbesing, Robert ☐ Delete
NAME
STREET ADDRESS 1600 Britannia Rd. E.
CITY-ST-ZIP Mississauga CANADA

TITLE VP Ulster, Harley ☐ Delete
NAME
STREET ADDRESS 1600 Britannia Rd. E.
CITY-ST-ZIP Mississauga CANADA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003446981--6
CITY-ST-ZIP -11/01/00--01055--010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ****750.00 ****750.00
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert V. Tubbesing ROBERT V. Tubbesing

Date

9/29/00

Daytime Phone #

813-877-2726

CR2E034 (9/99)

REINSTATEMENT

2000

[Signature]

APPROVED
AND
FILED

00 OCT -9 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA