## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

## Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # 579273** PALM BEACH GARDENS TRAVEL SOUTH, INC. 03-26-2001 90135 022 \*\*\*158.75 Mailing Address Principal Place of Business 3095 S. MILITARY TRAIL 3095 S. MILITARY TRAIL LAKE WORTH FL 33463 LAKE WORTH FL 33463 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1832745 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARINELLI: JOHN P Street Address (P.O. Box Number is Not Acceptable) 1615 FORUM PL. STE 3-B WEST PALM BEACH FL 33401 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change ☐ Addition DPS TITLE TIT! F ☐ Delete TIPPETT, MARIE L. MARKE NAME STREET ADDRESS 3095 S. MILITARY TRAIL STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITI F TIPPETT, CHARLES B NAME NAME STREET ADDRESS 3095 S. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE LINLEY, ANNA NAME NAME STREET ADDRESS 3095 SO MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Addition Delete TITLE Change TITLE BEAN, JAMES A NAME NAME STREET ADDRESS STREET ADDRESS 3095 SO MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

**FILED**