

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **666434**

1. Entity Name

ADVENTURES IN TRAVEL OF TALLAHASSEE, INC.

Principal Place of Business

3380 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308-3710

Mailing Address

3380 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308-3710

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

59-2003920

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, M. LANCE
302 3RD STREET
SUITE 1
NEPTUNE BEACH FL 32233

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

(Name, title, etc. 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, 2002 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 | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, LANCE | | NAME | |
| STREET ADDRESS | 302 3RD STREET, STE. 1 | | STREET ADDRESS | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | | CITY-ST-ZIP | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANCESCHI, LEE ANN | | NAME | |
| STREET ADDRESS | 2909 IVANHOE ROAD | | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | | CITY-ST-ZIP | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEEN, J VELMA II | | NAME | |
| STREET ADDRESS | 504 SWEETWATER CLUB CIR | | STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WACKSMAN, CATHY | | NAME | |
| STREET ADDRESS | 2644 STONEGATE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | | CITY-ST-ZIP | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WACKSMAN, JAMES F. | | NAME | |
| STREET ADDRESS | 2644 STONEGATE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEEN, SHARON | | NAME | |
| STREET ADDRESS | 504 SWEETWATER CLUB CIR | | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 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:

James Wackman 5/1/02 850-385-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)