

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667755

1. Entity Name

ROSEBOROUGH TRAVEL AGENCY, INC.

Principal Place of Business

140 EAST INDIANA AVENUE  
% MARYWAYNE WRIGHT  
DELAND FL 32724

Mailing Address

140 EAST INDIANA AVENUE  
% MARYWAYNE WRIGHT  
DELAND FL 32724-4330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WRIGHT, MARYWAYNE  
140 EAST INDIANA AVENUE  
DELAND FL 32724

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, MARYWAYNE	
STREET ADDRESS	960 S. MASSACHUSETTS AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WRIGHT, GEORGE A.	
STREET ADDRESS	960 S. MASSACHUSETTS AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCCALLUM, KATHRINE E	
STREET ADDRESS	1600 EAST MINNESOTA AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/TRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN WERMUTH	
STREET ADDRESS	3220 GULFPORT AVE	
CITY-ST-ZIP	DELTONA, FLA. 32738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SUSAN WERMUTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90001 018 \*\*\*150.00

80002483



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1989051

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)

1.04.00

904/34-7245