

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667755

1. Entity Name  
ROSEBOROUGH TRAVEL AGENCY, INC.



FILED

03-OCT-06 AM 11:53

Principal Place of Business  
140 EAST INDIANA AVENUE  
% MARYWAYNE WRIGHT  
DELAND FL 32724

Mailing Address  
140 EAST INDIANA AVENUE  
% MARYWAYNE WRIGHT  
DELAND FL 32724

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1989051

Applied For  
☒ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Marywayne Wright*

MARYWAYNE WRIGHT

9/25/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE: V ☐ Delete  
NAME: WRIGHT, MARYWAYNE  
STREET ADDRESS: 960 S. MASSACHUSETTS AVE  
CITY-ST-ZIP: DELAND FL

TITLE: PD ☐ Delete  
NAME: WRIGHT, GEORGE A.  
STREET ADDRESS: 960 S. MASSACHUSETTS AVE  
CITY-ST-ZIP: DELAND FL

TITLE: ST ☒ Delete  
NAME: WERMUTH, SUSAN  
STREET ADDRESS: 3320 GULFPORT AVE  
CITY-ST-ZIP: DELTONA FL 32738

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: 100023402621  
STREET ADDRESS: 09/29/03--01071--020 \*\*61.25  
CITY-ST-ZIP:

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

TITLE: ST ☐ Change ☒ Addition  
NAME: LINDA STARKEY  
STREET ADDRESS: 1663 OAK STREET  
CITY-ST-ZIP: DELAND, FL 32724

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:

12. 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 10 or Block 11 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

10/03/03

386-734-7245

Date

Daytime Phone #

2/10/16