

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841218

1. Entity Name
VAN DYCK TRAVEL, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90231 001 ***150.00

Principal Place of Business
6798 CROSSWINDS DR #F-101
ST PETERSBURG FL 33710
US

Mailing Address
6798 CROSSWINDS DR #F-101
ST PETERSBURG FL 33710
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1135 PASADENA AVE.
Suite, Apt. #, etc. SUITE 230

3. Mailing Address
1135 PASADENA AVE.
Suite, Apt. #, etc. SUITE 230

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33707

Country
PINELLAS

Zip
33707

Country
PINELLAS

4. FEI Number 36-2800719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VANDYCK, CLAUS
6798 CROSSWINDS DR #F-101
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent
Name VAN DYCK, CLAUS
Street Address (P.O. Box Number is Not Acceptable)
7400 SUN ISLAND DR.
APT. 802
City S. PASADENA FL Zip Code 33707

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 CLAUD VANDYCK 4-18-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) 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, 2001 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	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DYCK, DOROTHEA		NAME		
STREET ADDRESS	7400 SUN ISLAND DR #80L		STREET ADDRESS		
CITY-ST-ZIP	S PASADENA FL 33707		CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DYCK, CLAUS		NAME		
STREET ADDRESS	7400 SUN ISLAND DR #80L		STREET ADDRESS		
CITY-ST-ZIP	S PASADENA FL 33707		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: CLAUD VANDYCK 4-18-01 727-381-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)