

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005886

1. Entity Name

NATIONAL SMALL BUSINESS TRAVEL & HEALTH ASSOCIAT

Principal Place of Business

10181 WEST SAMPLE ROAD, SUITE 204
CORAL SPRINGS FL 33065

Mailing Address

10181 WEST SAMPLE ROAD, SUITE 204
CORAL SPRINGS FL 33065

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

43-1633513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOM, MICHAEL S ESQ.
4340 SHERIDAN STREET, SUITE 102
HOLLYWOOD FL 33021

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)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PC ☐ Delete
NAME DISMORE, WILLIAM
STREET ADDRESS 10181 WEST SAMPLE ROAD, SUITE 204
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE M ☐ Change ☒ Addition
NAME Thomas Schmenk
STREET ADDRESS 10181 W. Sample Rd., Suite 204
CITY-ST-ZIP Coral Springs, FL 33065

TITLE WC ☐ Delete
NAME GORDON, JERRY
STREET ADDRESS 10181 WEST SAMPLE ROAD, SUITE 204
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 617, 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: *William Dismore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2001
Date

(954) 227-8449
Daytime Phone #

CR2E037 (10/00)

c 11519

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90118 020 ****61.25



DO NOT WRITE IN THIS SPACE