

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90374 014 \*\*\*150.00

**DOCUMENT # F05237**

1. Entity Name  
**BEST WAY TRAVEL, INC.**

Principal Place of Business <b>300 NORTH BERMUDA          C/O PEGGY SUE LUZADDER          KISSIMMEE FL 34741-4902</b>	Mailing Address <b>300 NORTH BERMUDA          C/O PEGGY SUE LUZADDER          KISSIMMEE FL 34741-4902</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>300 N. John Young Parkway</b>	3. Mailing Address <b>300 N. John Young Parkway</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Kissimmee, FL</b>	City & State <b>Kissimmee, FL</b>
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4. FEI Number <b>59-2032976</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34741</b>	Country <b>U.S.A.</b>	Zip <b>34741</b>	Country <b>U.S.A.</b>
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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

**LUZADDER, LYNN ANN  
 300 NORTH BERMUDA  
 KISSIMMEE FL 34741**

Name <b>SAME - No Change</b>
Street Address (P.O. Box Number is Not Acceptable) <b>300 N. John Young Parkway</b>
City <b>Kissimmee, FL</b>
Zip Code <b>34741</b>

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 **LYNN ANN LUZADDER**

*Lynn Ann Luzadder*

**4/19/01**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PD</b>						
	<b>LUZADDER, PEGGY SUE</b>	<b>300 NO. BERMUDA</b>	<b>KISSIMMEE FL</b>			<b>300 N. John Young Parkway</b>	<b>Kissimmee, FL 34741</b>
	<b>D</b>						
	<b>LUZADDER, RICHARD L.</b>	<b>300 NO. BERMUDA</b>	<b>KISSIMMEE FL</b>			<b>300 N. John Young Parkway</b>	<b>Kissimmee, FL 34741</b>
	<b>DS</b>						
	<b>LUZADDER, LYNN ANN</b>	<b>300 NO. BERMUDA</b>	<b>KISSIMMEE FL</b>			<b>300 N. John Young Parkway</b>	<b>Kissimmee, FL 34741</b>

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: *Lynn Ann Luzadder* **LYNN Ann Luzadder** **4/19/01** **407-847-8878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)