

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31245

1. Entity Name
SEA GULL TRAVEL, INC.

Principal Place of Business
2621 N FEDERAL HWY
STE M-N
BOCA RATON FL 33431

Mailing Address
2621 N FEDERAL HWY
STE M-N
BOCA RATON FL 33431

00 OCT 20 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



REINSTATEMENT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2087459

Applied Fee
Not Applicable

Zip Country

Zip Country

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

SIEGEL, ALBERT
7544 ESTRELLA CR 7139 TRENTINO WAY
BOCA RATON FL 33437 BOYNTON BEACH, FL
33437

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 ALBERT SIEGEL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/17/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DV
NAME SIEGEL, ALBERT
STREET ADDRESS 7544 ESTRELLA CR
CITY-ST-ZIP BOCA RATON, FL 00000 ☐ Delete

TITLE DP
NAME SIEGEL, MYRNA A
STREET ADDRESS 7544 ESTRELLA CR
CITY-ST-ZIP BOCA RATON, FL 00000 ☐ Delete

TITLE PLEASE CHANGE
NAME ADDRESS TO:- ☐ Delete

TITLE 7139 TRENTINO WAY
NAME BOYNTON BEACH, FL
STREET ADDRESS
CITY-ST-ZIP 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE 100003455851-19
NAME -11/07/00-01109-012
STREET ADDRESS *****758.75 *****758.75 ☐ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

(561) 394-603

Date

Daytime Phone #

CR2F034 (5/00)

LS