

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 08:00 AM  
Secretary of State

DOCUMENT # F61256

1. Entity Name  
DISCOVERY TOUR WHOLESALERS, INC.

Principal Place of Business  
29949 C.R. 54 WEST  
WESLEY CHAPEL FL 335434509

Mailing Address  
29949 C.R. 54 WEST  
WESLEY CHAPEL FL 335434509

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

4. FEI Number

59-2164666

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN ELLIOTT RJR  
29949 SR 54 WEST  
5720 CENTRAL AVENUE  
ZEPHYRHILLS FL 33707 US

Name

DUNN ELLIOTT RJR

Street Address (P.O. Box Number is Not Acceptable)

29949 SR 54 WEST

City  
ZEPHYRHILLS

FL

Zip Code  
33543

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 \_\_\_\_\_ 04/25/2001

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 VT ☐ Delete  
NAME KIMBALL, JOSEPHINE  
STREET ADDRESS 29949 STATE ROAD 54 WEST  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE VT ☒ Change ☐ Addition  
NAME KIMBALL, JOSEPHINE  
STREET ADDRESS 29949 STATE ROAD 54 WEST  
CITY-ST-ZIP ZEPHYRHILLS FL 33543

TITLE PS ☐ Delete  
NAME KIMBALL, JOSEPHINE  
STREET ADDRESS 29949 STATE ROAD 54 WEST  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE PS ☒ Change ☐ Addition  
NAME KIMBALL, JOSEPHINE  
STREET ADDRESS 29949 STATE ROAD 54 WEST  
CITY-ST-ZIP ZEPHYRHILLS FL 33543

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: JOSEPHINE KIMBALL

PRES

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)