

DOCUMENT # F61401

1. Entity Name

AMERICAN FRIENDSHIP TOURS, INC.

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90131 044 ***150.00

A0019457

Principal Place of Business

Mailing Address

2697 E SILVER SPRINGS BLVD
OCALA FL 344702697 E SILVER SPRINGS BLVD
OCALA FL 34470-7007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2163573

Not

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRK, RHONDA W
2697 E SILVER SPRINGS BLVD
OCALA FL 34470

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
KIRK, RHONDA, W
2697 E SILVER SPGS BLVD
OCALA FL 34470 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
KIRK, JOHN
2697 E SILVER SPRINGS BLVD
OCALA FL 34470 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rhonda Kirk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

(352) 73