

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94007

1. Entity Name

WORLD TRAVEL SHOWCASE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90149 038 ***150.00

Principal Place of Business

Mailing Address

~~3127 ATLANTIC BLVD.~~
~~SUITE 103~~
JACKSONVILLE FL ~~32207~~
US

PO BOX 551260
JACKSONVILLE FL 32255
US

00048913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6299-8 Powers Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, Florida

Zip
32217

Country

Zip

Country

4. FEI Number 59-2213278

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

ANSBACHER, LEWIS
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE FL 32256

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, 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
VTS
FRIEDHEIM, ERIC
~~3127 ATLANTIC BLVD, #103~~
JACKSONVILLE FL 32207

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6299-8 Powers Ave.
Jacksonville, FL 32217

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GEFEN, SIDNEY J
~~3127 ATLANTIC BLVD, STE. 103~~
JACKSONVILLE FL 32207

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6299-8 Powers Ave.
Jacksonville, FL 32217

☒ Change ☐ Addition

TITLE
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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

Date

Daytime Phone #

CR2E034 (10/00)