

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000005702**1. Entity Name  
INTERNATIONAL STUDY TOURS, LTD. CORPORATION

## Principal Place of Business

80 S.W. 8TH STREET, SUITE 2601

MIAMI  
33130

FL

## Mailing Address

80 S.W. 8TH STREET, SUITE 2601

MIAMI  
33130

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

04-2853597

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE  
323012525

US

FL

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 01/12/2001

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

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | CFO                            | <input type="checkbox"/> Delete |
| NAME           | ERICKSON ROB                   |                                 |
| STREET ADDRESS | 80 S.W. 8TH STREET, SUITE 2601 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33130                 |                                 |
| TITLE          | VASD                           | <input type="checkbox"/> Delete |
| NAME           | KAPLAN BARRY S                 |                                 |
| STREET ADDRESS | 80 S.W. 8TH STREET, SUITE 2601 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33130                 |                                 |
| TITLE          | VSTD                           | <input type="checkbox"/> Delete |
| NAME           | MCKEY ANDREW C                 |                                 |
| STREET ADDRESS | 80 S.W. 8TH STREET, SUITE 2601 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33130                 |                                 |
| TITLE          | PD                             | <input type="checkbox"/> Delete |
| NAME           | BAKES PHIL                     |                                 |
| STREET ADDRESS | 80 S.W. 8TH STREET, SUITE 2601 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33130                 |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |                                                                              |
|----------------|--------------------------------|------------------------------------------------------------------------------|
| TITLE          | CFO                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TOLL CRAIG                     |                                                                              |
| STREET ADDRESS | 80 S.W. 8TH STREET, SUITE 2601 |                                                                              |
| CITY-ST-ZIP    | MIAMI FL 33130                 |                                                                              |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |                                                                              |
| STREET ADDRESS |                                |                                                                              |
| CITY-ST-ZIP    |                                |                                                                              |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |                                                                              |
| STREET ADDRESS |                                |                                                                              |
| CITY-ST-ZIP    |                                |                                                                              |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |                                                                              |
| STREET ADDRESS |                                |                                                                              |
| CITY-ST-ZIP    |                                |                                                                              |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> 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: Barry Kaplan

VASD

01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)