## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # G04728** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name NAME ADVENTURE WORLD TRAVEL, INC. WITH 04-10-2000 90170 039 \*\*\*150.00 CARLY ,INC Principal Place of Business Mailing Address SUITE #40 HARBOURTOWN MALL SUITE #40 HARBOURTOWN MALL 913 GULF BREEZE PKWY ST.40 913 GULF BREEZE PKWY ST.40 GULF BREEZE FL 32561-4728 GULF BREEZE FL 32561 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2230500 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEDOLPH, CARLA C. Street Address (P.O. Box Number is Not Acceptable) 274 SEVERIN PENSACOLA FL 32503 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE DEDOLPH, CARLA C NAME STREET ADDRESS STREET ADDRESS 3232 QUIET WATER LANE 3326 CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** Change Addition ☐ Delete TITLE TITLE NAME HICKEY, RAY NAME STREET ADDRESS STREET ADDRESS 3232 QUIET WATER LANE CITY-ST ZIP CITY-ST-ZIP **GULF BREEZE FL** TITLE Delete TITLE WIEGNER, SHARON NAME Water Lane STREET ADDRESS STREET ADDRESS 2889 WHISPER LAKE DR CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** ☐ Delete ☐ Change Addition TITLE TITLE DEDOLPH, CARLA NAME NAME STREET ADDRESS STREET ADDRESS 3232 QUIET WATERLANE CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP