

ISS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90001 026 ***150.00

DOCUMENT # G95401
 1. Entity Name
LAKE REGION TRAVEL SERVICE, INC.

Principal Place of Business C/O 300 E. UNIVERSITY AVE A P.O. DRAWER 2759 GAINESVILLE FL 32602-0759	Mailing Address C/O 300 E. UNIVERSITY AVE. A P.O. DRAWER 2759 GAINESVILLE FL 32602-2759
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2755 LAWRENCE BLVD	3. Mailing Address P.O. BOX 2195
Suite, Apt. #, etc. P.O. Box 980	Suite, Apt. #, etc.
City & State KEYSTONE HEIGHTS FL	City & State SEFFNER FLA
Zip 32656	Country CLAY
Zip 33588	Country Hillsborough

4. FEI Number 59-2306514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALZMAN, ANTHONY J., ESQ.
500 EAST UNIVERSITY AVENUE, SUITE A
GAINESVILLE FL 32602

7. Name and Address of New Registered Agent
 Name: **R.W. Gilliam**
 Street Address (P.O. Box Number is Not Acceptable):
115 MARGARET ST.
 City: **BRANDON** FL Zip Code: **33511**

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: *R.W. Gilliam* DATE: 4-28-2000
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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
MAY 1, 2000 Fee will be \$650.00
Check Payable to Department of State

10. Election Campaign Financing True: Fund Contribution **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURREY, BRENDA 8168 ALDERMAN RD. MELROSE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CURREY, WAYNE 8168 ALDERMAN RD. MELROSE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANN MARIE A. BLAIR 115 MARGARET ST BRANDON FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: *Ann Marie Blair* DATE: 4/28/2000 (813) 689-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (8/99)