

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G97713

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: BERTANY ASSOCIATION FOR TRAVEL AND LEISURE, INC.

Current Principal Place of Business:

1370 N UNIVERSITY DR
PLANTATION, FL 33322

New Principal Place of Business:

8181 WEST BROWARD BLVD
SUITE 204
PLANTATION, FL 33324

Current Mailing Address:

1370 N UNIVERSITY DR
FORT LAUDERDALE, FL 33322

New Mailing Address:

8181 WEST BROWARD BLVD
SUITE 204
PLANTATION, FL 33324

FEI Number: 59-2394789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINE, SUSAN
1370 N UNIVERSITY DR
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

PINE, SUSAN
8181 WEST BROWARD BLVD
SUITE 204
PLANTATION, FL 33324 US

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:

04/22/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: PINE, SUSAN
Address: 1370 N UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: PINTO, RAY
Address: 1370 N UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Delete
Name: ELLER, MELANIE
Address: 1370 N UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Delete
Name: DEUDLIRST, TONI
Address: 1370 N UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33322

Title: VP () Delete
Name: PINTO, RAY
Address: 1370 N UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33322

Title: ST () Delete
Name: PINE, SUSAN
Address: 1370 N UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN PINE

PRES

04/22/2002

Electronic Signature of Signing Officer or Director

Date