

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64108

1. Entity Name

DIANA'S TRAVEL SOUTH, INC.

**FILED**  
Feb 10, 2000 8:00 am  
Secretary of State

02-10-2000 90036 027 \*\*\*150.00

Principal Place of Business

3317 SHOAL LINE BLVD.  
SPRING HILL FL 34607

Mailing Address

3317 SHOAL LINE BLVD.  
SPRING HILL FL 34607-3438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2546914

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

LEVENTHAL, MARSHALL  
2507 LACKLAND AVENUE  
SPRING HILL FL 34608

Name MARSHALL Leventhal

Street Address (P.O. Box Number is Not Acceptable)  
3317 Shoal Line Blvd  
Spring Hill, FL

City

FL

Zip Code

34607

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, 2000 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 PVT ☐ Delete  
NAME LEVENTHAL, MARSHALL  
STREET ADDRESS 11020 SPRING HILL DRIVE  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE OWNER/Manager ☒ Change ☐ Addition  
NAME Marshall Leventhal  
STREET ADDRESS 10560 Spring Hill DR  
CITY-ST-ZIP Spring Hill, FL 34608

TITLE S ☒ Delete  
NAME LEVENTHAL, WENDY  
STREET ADDRESS 1102 SPRINGHILL DR  
CITY-ST-ZIP SPRINGHILL FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

Marshall Leventhal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/00

596-7678