

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90285 013 \*\*\*150.00

UNIFORM

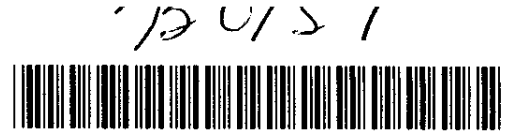
**DOCUMENT # H72264**  
 1. Entity Name  
**FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.**

Principal Place of Business      Mailing Address  
**1120 SOUTH BAY STREET**      **1120 SOUTH BAY STREET**  
**EUSTIS FL 32726**      **EUSTIS FL 32726**

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      Applied for  
**59-2593640**      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  
**KAREN WOODS PARRISH**  
**43621 HWY 19**  
**ALTOONA FL 32702**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      State      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 \_\_\_\_\_ (NOTE: Registered Agent's 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	PD	<input type="checkbox"/> Delete
NAME	WOODS-PARRISH, KAREN	
STREET ADDRESS	1120 SOUTH BAY STREET	
CITY-STATE-ZIP	EUSTIS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNSED, NAN	
STREET ADDRESS	9585 SILVER LAKE DR	
CITY-STATE-ZIP	LEESBURG FL 34778	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEINER, LYNDA S.	
STREET ADDRESS	537 SUNNYSIDE DR	
CITY-STATE-ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHORE, WENDY S	
STREET ADDRESS	9889 LAKE GEORGIA DRIVE	
CITY-STATE-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN WOODS PARRISH      Karen Woods Parrish      4/23/01      352-357-7311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

CR2E034 (10/00)