

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H76763

1. Entity Name
CLASSIC WORLD TRAVEL INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90260 019 ***150.00

Principal Place of Business
5250 17TH STREET
SUITE 9
SARASOTA FL 34235
US

Mailing Address
5250 17TH STREET
SUITE 9
SARASOTA FL 34235
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2584306**
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

REEDER, SALLY A
4545 BROOKSDALE DR
SARASOTA FL 34232

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MULIER, ROGER V**
STREET ADDRESS **18 LANDLUBBER LAN**
CITY-ST-ZIP **OSPREY FL**

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

TITLE **DST** ☐ Delete
NAME **MULIER, MARY C.**
STREET ADDRESS **18 LANDLUBBER LN**
CITY-ST-ZIP **OSPREY FL**

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

TITLE **DP** ☐ Delete
NAME **REEDER, SALLY A.**
STREET ADDRESS **4545 BROOKSDALE DR**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete
NAME **KRENSKY, CHARLOTTE**
STREET ADDRESS **4172 LYNTHURST COURT**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete
NAME **HEIDER, FRANK**
STREET ADDRESS **1306 SO. LAKESHORE DR.**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☒ Delete
NAME **LIGMAN, MICHAEL**
STREET ADDRESS **4465 ATWOOD CAY PLACE**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Change ☒ Addition
NAME **LISMAN, SANDY**
STREET ADDRESS **4465 ATWOOD CAY PLACE**
CITY-ST-ZIP **SARASOTA FL 34233**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sally Reeder
Sally Reeder

Apr 30, 01

Date

941 377-4088

Daytime Phone #

CR2E034 (10/00)