

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H84854

1. Entity Name

MIDNIGHT SUN TOURS, INC.

FILED

01 FEB -9 PM 1:03

Principal Place of Business

1030 S. FEDERAL HWY.
LAKE WORTH FL 33460

Mailing Address

1030 S. FEDERAL HWY.
LAKE WORTH FL 33460

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

ONE Riverway

500

Houston TX

77056

USA



DO NOT WRITE IN THIS SPACE

[Handwritten signature]

4. FEI Number 59-2642791

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KONTINEN, MARK
4740 KOKOMO DR.
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box number is not acceptable)
1201 Hays Street

City Tallahassee FL Zip Code 32301

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 Nabihah Asst VP 2-8-01

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

TITLE ASD
NAME ROSECRANS, SHAYNE
STREET ADDRESS 1030 S. FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP/DKS
NAME Robert Longo
STREET ADDRESS ONE Riverway, Ste 500
CITY-ST-ZIP Houston TX 77056 ☐ Change ☒ Addition

TITLE
NAME LINDA BELL
STREET ADDRESS ONE RIVERWAY, Ste 500
CITY-ST-ZIP Houston TX 77056 ☐ Change ☒ Addition

TITLE
NAME TAS
NAME Stephanie Reyes
STREET ADDRESS ONE RIVERWAY, Ste 500
CITY-ST-ZIP Houston TX 77056 ☐ Change ☒ Addition

TITLE DCEO
NAME FRANK GALLAGHER
STREET ADDRESS ONE RIVERWAY, Ste 500
CITY-ST-ZIP Houston, TX 77056 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
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: Shayne A. Rosecrans Shayne A. Rosecrans 02-6-01 (713) 888-0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0317666

282



ACCOUNT NO. : 072100000032

REFERENCE : 996404 7111512

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 150.00

ORDER DATE : February 8, 2001

ORDER TIME : 9:40 AM

ORDER NO. : 996404-005

CUSTOMER NO: 7111512

CUSTOMER: Ms. Courtney Stanley
Coach Usa
One Riverway
Suite 500
Houston, TX 770561903

ANNUAL REPORT FILING

NAME: MIDNIGHT SUN TOURS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: _____

RECEIVED
01 FEB -9 AM 10:47
DIVISION OF CORPORATION