

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H86293

1. Entity Name

BILL BROWN TRAVEL CORP.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90245 040 ***150.00

Principal Place of Business

424 CENTRAL AVE
STE 1100
ST. PETERSBURG FL 33701
US

Mailing Address

424 CENTRAL AVE
STE 1100
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

696 1ST Avenue, North

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

Zip

33701

Country

USA

Zip

Country

4. FEI Number

59-2614151

Applied For:

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

DELCORSO, NICHOLAS V
424 CENTRAL AVE STE 1100
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

696 1ST Avenue, North

SUITE 100

City

St. Petersburg

Zip Code

33701

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.

NICHOLAS V. DelCorso

(NOTE: Registered Agent signature required when registering)

4-19-01

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
NAME DELCORSO, NICHOLAS V
STREET ADDRESS 3 BELLEVUE DR
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE S/T
NAME BRIAN E. BELL
STREET ADDRESS 4380 13TH LANE, NE
CITY-ST-ZIP ST. PETERSBURG, FL 33703 ☐ Change ☒ Addition

TITLE D
NAME THOMAS C. FEEEN
STREET ADDRESS 10108 TARPON DRIVE
CITY-ST-ZIP TREASURE ISLAND, FL 33706 ☐ Change ☒ Addition

TITLE D
NAME H. JOHN MEJIA
STREET ADDRESS 100 BEACH DRIVE UNIT 150
CITY-ST-ZIP St. Petersburg, FL 33701 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

725-875-8151

Daytime Phone #

CR2E034 (10.00)