

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90008 015 ***150.00

0017183

DOCUMENT # J28728

1. Entity Name
SHAMROCK TRAVEL, INC.

Principal Place of Business
2700-C UNIVERSITY BLVD. W. #4
JACKSONVILLE FL 32217

Mailing Address
2700-C UNIVERSITY BLVD. W. #4
JACKSONVILLE FL 32217

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 **59-2716332**

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

BOHANNON, LEAH J
2700-C UNIVERSITY BLOUVELARD, WEST
SUITE 4
JACKSONVILLE FL 32217

Name **ROBERT F. WAITS**

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

2700-C UNIVERSITY BLVD W.

City **JACKSONVILLE** FL Zip Code **32217**

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 **ROBERT F. WAITS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11 APR. 01

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
 NAME **DP**
 STREET ADDRESS **DONOVAN, THOMAS W., SR.**
 CITY-ST-ZIP **2700-C UNIVERSITY BL W. JACKSONVILLE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME **DV**
 STREET ADDRESS **DONOVAN, JOAN D.**
 CITY-ST-ZIP **2700-C UNIVERSITY BL W. JACKSONVILLE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME **DST**
 STREET ADDRESS **WAITS, ROBERT F.**
 CITY-ST-ZIP **2700-C UNIVERSITY BL W. JACKSONVILLE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME **DV**
 STREET ADDRESS **WAITS, JOANNE T.**
 CITY-ST-ZIP **2700-C UNIV. BLVD. W. JACKSONVILLE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME **V**
 STREET ADDRESS **BOHANNON, LEAH J.**
 CITY-ST-ZIP **2700-C UNIV BLVD W JACKSONVILLE FL**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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: **ROBERT F. WAITS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 APR. 01 **(904) 730-0600**

Date

Daytime Phone #

CR2E034 (10/00)