

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90088 003 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6267 Dupont Station Ct**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 24960**  
 Suite, Apt. #, etc.

City & State  
**JACKSONVILLE FL.**  
 Zip  
**32217**

City & State  
**JACKSONVILLE FL**  
 Zip  
**32241-4960**

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

**WAITS, ROBERT F**  
**2700-C UNIVERSITY BLOUVELARD, WEST**  
**JACKSONVILLE FL 32217**

## 7. Name and Address of New Registered Agent

Name  
**ROBERT F. WAITS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6267 Dupont Station Court**  
 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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9 JAN. 02**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	DONOVAN, THOMAS W., SR.	2700-C UNIVERSITY BL W.	JACKSONVILLE FL	<input type="checkbox"/>
DV	DONOVAN, JOAN D.	2700-C UNIVERSITY BL W.	JACKSONVILLE FL	<input type="checkbox"/>
DST	WAITS, ROBERT F.	2700-C UNIVERSITY BL W.	JACKSONVILLE FL	<input type="checkbox"/>
DV	WAITS, JOANNE T.	2700-C UNIV. BLVD. W.	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	DONOVAN THOMAS W. SR.	6267 Dupont Station Court	JACKSONVILLE FL 32217	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	DONOVAN JOAN D.	6267 Dupont Station Court	JACKSONVILLE FL 32217	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DST	WAITS ROBERT F.	6267 Dupont Station Court	JACKSONVILLE FL 32217	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	WAITS JOANNE T.	6267 Dupont Station Court	JACKSONVILLE FL 32217	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**9 JAN. 02** **(904) 730-0600**  
 Date Daytime Phone #

CR2E034 (9/01)