

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90101 038 \*\*\*150.00

**DOCUMENT # J54452**

1. Entity Name  
**EAST HILL TRAVEL CORP.**

Principal Place of Business  
**4053-1 ST. AUGUSTINE RD**  
**JACKSONVILLE FL 32207**  
**US**

Mailing Address  
**P. O. BOX 47347**  
**JACKSONVILLE FL 32247-7347**  
**US**

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 **59-2754734**

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

**MCCANN, RICHARD E., JR.**  
~~**1808 STANFORD RD**~~ **9568 Beauclerc Cove Rd**  
~~**JACKSONVILLE FL 32207**~~ **32256**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PC**  
 STREET ADDRESS **MCCANN, RICHARD E., JR.**  
 CITY-ST-ZIP ~~**1808 STANFORD RD**~~ **JACKSONVILLE FL 32207**

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **9568 Beauclerc Rd.**  
 CITY-ST-ZIP **32256 COVE**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MCCANN, SALLY P.**  
 CITY-ST-ZIP **2724 ALVARADO AVE**  
**JACKSONVILLE FL 32217**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS ~~**MCCANN, RICHARD E.**~~  
 CITY-ST-ZIP ~~**2724 ALVARADO AVE**~~ **JACKSONVILLE FL 32217**

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **9568 Beauclerc Cove Rd.**  
 CITY-ST-ZIP **32256**

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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: Richard E. McCann Jr **Richard E. McCann Jr** **2/22/02** **9043968687**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)