

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90001 001 ***150.00

0067750

DOCUMENT # J79430

1. Entity Name

STAR TOURS CO.

Principal Place of Business

**6239 EDGEWATER DR.
SUITE V-3
ORLANDO FL 32810**

Mailing Address

**6239 EDGEWATER DR.
SUITE V-3
ORLANDO FL 32810**

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 **58-1806899**

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

**RUSSEL, CAINE A
6239 EDGEWATER DR.
ORLANDO FL 32810**

Name

CAINE, GREGORY

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

1078 TURNBUCKLE CT

City

OCOE

FL

Zip Code

34761

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

3/19/2001

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 **D** ☒ Delete
NAME **CAINE, A. RUSSEL**
STREET ADDRESS **4 OCEAN W BLVD 201-C**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **DPST** ☒ Change ☐ Addition
NAME **CAINE, LOIS K**
STREET ADDRESS **4 OCEANS W. BLVD 201C**
CITY-ST-ZIP **DAYTONA BCH SH. FL 32118**

TITLE **DP** ☐ Delete
NAME **CAINE, LOIS K**
STREET ADDRESS **4 OCEANS W BLVD, 201-C**
CITY-ST-ZIP **DAYTONA BCH SH FL 32118**

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

TITLE **D** ☒ Delete
NAME **CAINE, JONATHAN M.**
STREET ADDRESS **160 RESERVE CIRCLE #204**
CITY-ST-ZIP **OVEIDO FL**

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

TITLE **D** ☒ Delete
NAME **SANCHEZ, COLLEEN L**
STREET ADDRESS **825 W QUEEN CREEK RD**
CITY-ST-ZIP **CHANDLER AZ 85248**

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

TITLE **TDV** ☒ Delete
NAME **CAINE, GREGORY**
STREET ADDRESS **1078 TURNBUCKLE CT**
CITY-ST-ZIP **OCOE FL 34761**

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-2001

Date

Daytime Phone #

CR2E034 (10/00)