

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90043 005 ***150.00

DOCUMENT # J90336

1. Entity Name
GOLDON TRAVEL, INC.



Principal Place of Business
**11367 A OKEECHOBEE RD
ROYAL PALM BEACH FL 33411-714
US**

Mailing Address
**11367 A OKEECHOBEE RD
ROYAL PALM BEACH FL 33411-5707
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0005605**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERSHAD, GOLDIE E.
11367-A-OKEECHOBEE BLVD
ROYAL PALM BEACH FL 33411**

Name
C. MICHELLE SPERLING
Street Address (P.O. Box Number is Not Acceptable)
11227 66TH ST N.
City
WEST PALM BEACH FL Zip Code
33412

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *C. Michelle Sperling*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **SHAYNA, ALISON CHAZAN**
STREET ADDRESS **7244 HOLLY ROCK LANE**
CITY-ST-ZIP **OLON OH 44139**

TITLE **PRES.** ☐ Change ☒ Addition
NAME **C. MICHELLE SPERLING**
STREET ADDRESS **11227 66TH ST N.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE **ST** ☒ Delete
NAME **BERSHAD, GOLDIE E**
STREET ADDRESS **11367 A OKEECHOBEE RD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 14**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **ELISE H. NEWMAN**
STREET ADDRESS **5330 HIOALGO ST.**
CITY-ST-ZIP **HOUSTON, TX 77056**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Michelle Sperling* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 (56) 790-3869
Date Daytime Phone #

CR2E034 (10/02)