

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78359

1. Entity Name

KELLY'S WORLD OF TRAVEL, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90067 009 ***150.00

Principal Place of Business

Mailing Address

FLAGLER PLAZA DR
COAST FL 32137-2900

122 FLAGLER PLAZA DR
PALM COAST FL 32137-5968

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

59-2942968

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

KELLY, DENISE
3600 S OCEANSHORE BLVD #423
FLAGLER BCH FL 32136

Name

Street Address (P.O. Box Number is Not Acceptable)
1749 WINDSONG CIRCLE

City
FLAGLER BEACH

FL

Zip Code
32136

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	KELLY, DENISE	
STREET ADDRESS	1749 WINDSONG CIRCLE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	V	<input type="checkbox"/> Delete
NAME	AXELROD, BERNARD L.	
STREET ADDRESS	1763 WINDSONG CIRCLE	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	AXELROD, ROSLYN	
STREET ADDRESS	59-15 47TH AVE.	
CITY-ST-ZIP	WOODSIDE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Denise Kelly* DENISE KELLY

2/14/00:JFW:EIS:cb

Date

Daytime Phone #

2/18/00

904-439-9000

CR2E034 (9/99)