

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81437

1. Entity Name  
OLD TOWN TRAVEL, INC.

Principal Place of Business

Mailing Address

115 TAMiami TRAIL  
UNIT 4164  
PUNTA GORDA FL 33950  
US

115 TAMiami TRAIL  
UNIT 4164  
PUNTA GORDA FL 33950  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTIAGO, JANE A  
OLD TOWN TRAVEL, INC.  
115 TAMiami TRAIL, #4164  
PUNTA GORDA FL 33950

Name Sandra L. Dunn

Street Address (P.O. Box Number is Not Acceptable)  
115 TAMiami TRAIL #4164

City Punta Gorda

FL

Zip Code  
33950

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 SANDRA L. DUNN, Pres. Sandra L. Dunn 6-19-01  
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, 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 ☐ Delete  
NAME DV  
STREET ADDRESS DUNN, SANDRA L  
CITY-ST-ZIP 3082 LOCKWOOD  
PORT CHARLOTTE FL 33952

TITLE ☒ Delete  
NAME DST  
STREET ADDRESS JANE A. SANTIAGO  
CITY-ST-ZIP 201 ROBINA STREET  
PORT CHARLOTTE FL 33954

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
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: Sandra L. Dunn SANDRA L DUNN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 941-639-0999  
Date Daytime Phone #

FILED  
Jun 22, 2001 8:00 am  
Secretary of State

05-14-2001 90176 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)