

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90171 045 \*\*\*\*50.00

**DOCUMENT # L00000005703**

1. Entity Name

**TOMORROW'S TRAVEL, L.L.C.**

Principal Place of Business

**222 DURANGO LOOP  
DAVENPORT FL 33837**

Mailing Address

**505 AVENUE A. NW.  
SUITE 102  
WINTER HAVEN FL 33881-4626**

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 **APPLIED FOR**  
**59-3647156**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOVONI, BRIAN R  
505 AVENUE A, NW  
SUITE 102  
WINTER HAVEN FL 33881**

Name **CHARTANG FERRELL SIMS • EISERMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**1400 W. Fairbanks Ave. # 102**

City **Winter Park** FL **32789**

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 **J. Neads**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**24/7/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**  
NAME **NEADS, JILL**  
STREET ADDRESS **CLEVEDON**  
CITY-ST-ZIP **NORTH SOMERSET BS21 7UG UK ENG**

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: J. Neads** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**24/7/02**

CR2E083 (4/02)