

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90182 007 \*\*\*\*50.00

**DOCUMENT # L01000001743**

1. Entity Name

**RANDREW TRAVEL AGENCY, L.L.C.**

Principal Place of Business

**1946 TARPON COURT  
WESLEY CHAPEL FL 33543**

Mailing Address

**1946 TARPON COURT  
WESLEY CHAPEL FL 33543**

2. Principal Place of Business

**2780 E. FOWLER AVE**Suite, Apt. #, etc.  
**#153**City & State  
**TAMPA FL**Zip  
**33612**Country  
**FLORIDA**

3. Mailing Address

**2780 E. FOWLER AVE**Suite, Apt. #, etc.  
**#153**City & State  
**TAMPA FL**Zip  
**33612**Country  
**FLORIDA**

4. FEI Number

**59-3697126**

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

**GOODELL, RANDY S  
1946 TARPON COURT  
WESLEY CHAPEL FL 33543**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GOODELL, RANDY  
1946 TARPON COURT  
WESLEY CHAPEL FL 33543** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
OGDEN, ANDREW  
1735 SE 3RD STREET  
CAPE CORAL FL 33990** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:****Randy S. GoodeLL, RANDREW TRAVEL AGENCY, L.L.C., MGRM**

Date

**3/12/02 813-340-2997**

Daytime Phone #

CR2E083 (9/01)