

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90324 008 ****50.00

DOCUMENT # L01000003373

1. Entity Name

PRIVATE CLUB TRAVEL, LLC



Principal Place of Business

757 DR. PHILLIPS BLVD., STE. 235
ORLANDO FL 32819

Mailing Address

757 DR. PHILLIPS BLVD., STE. 235
ORLANDO FL 32819

7575 Dr. Phillips Blvd.

2. Principal Address

Suite 235

Suite, Apt. #, etc.

Orlando, FL

City & State

Zip

32819

Country

USA

3. Mailing Address

7575 Dr. Phillips Blvd.

Suite, Apt. #, etc.

Suite 235

City & State

Orlando, FL

Zip

32819

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOULET, ROBERT L
7575 DR. PHILLIPS BLVD., STE. 235
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **(MEM)** ☐ Delete
NAME **MALEENY, ROBERT CARY**
STREET ADDRESS **1579 F #513**
CITY-ST-ZIP **ATLANTA GA 30324**

TITLE **MEM** ☐ Delete
NAME **GOULET, ROBERT L**
STREET ADDRESS **7575 DR. PHILLIPS BLVD., STE. 235**
CITY-ST-ZIP **ORLANDO FL 32819**

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

10. ADDITIONS/CHANGES

TITLE **?** ☒ Change ☐ Addition
NAME **Maleeny, Robert Cary**
STREET ADDRESS **1579 F Monroe Dr. #513**
CITY-ST-ZIP **Atlanta, GA 30324**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)