

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53652

1. Entity Name

SMALL WORLD TOURS AND TRAVEL, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90005 044 ***150.00

Principal Place of Business

Mailing Address

1950 LEE RD.
STE. 104
WINTER PARK FL 32789
US

1950 LEE RD.
STE. 104
WINTER PARK FL 32789-1847
US

B0013307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3031252

Applied For

Zip

Country

Zip

Country

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

MACKEY, PHYLLIS GIETZE
1484 OBERLIN TERR
LAKE MARY FL 32746

Name

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

225 CUNNINGHAM DR.
City DAVENPORT FL Zip Code 33837

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	PD	☒ Delete
NAME	MACKEY, PHYLLIS G	
STREET ADDRESS	1484 OBERLIN TERR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	STV	☐ Delete
NAME	MACKEY, PHYLLIS G	
STREET ADDRESS	1484 OBERLIN TERR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	PD	☐ Delete
NAME	MACKEY, RICHARD M SR	
STREET ADDRESS	1484 OBERLIN TERR	
CITY-ST-ZIP	LAKE MARY FL 32746	
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 ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STVD	☒ Change ☐ Add
NAME		
STREET ADDRESS	225 CUNNINGHAM DR	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		☒ Change ☐ Add
NAME		
STREET ADDRESS	225 CUNNINGHAM DR	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00

Date

407 628-4334

Daytime Phone #