

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95741

1. Entity Name

SEBASTIAN TRAVEL AND TOURS, INC.

Principal Place of Business

13600 U.S. HIGHWAY 1
SEBASTIAN FL 32958

Mailing Address

13600 U.S. HIGHWAY 1
SEBASTIAN FL 32958

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LOUGHLIN, DENA
13600 U.S. HIGHWAY 1
SEBASTIAN FL 32958

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.

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, 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

TITLE D ☐ Delete
NAME GREENE, LESLIE
STREET ADDRESS 11105 ROSELAND RD
CITY-ST-ZIP ROSELAND FL

TITLE D ☐ Delete
NAME LOUGHLIN, CAMILLE
STREET ADDRESS 6165 S. MIRROR LAKE DR.
CITY-ST-ZIP SEBASTIAN FL

TITLE D ☐ Delete
NAME LOUGHLIN, DENA
STREET ADDRESS 14510 117TH ST.
CITY-ST-ZIP FELLSMERE FL

TITLE D ☐ Delete
NAME RIDENOUR, PATRICIA
STREET ADDRESS 55300 JEWELL RD
CITY-ST-ZIP SHELBY TOWNSHIP MI

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90111 024 ***150.00

ADD15011



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3022446

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)