2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000967

1. Entity Name
TRANS GLOBAL TOURS, LLC

FILED
00 FEB -3 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015328

Principal Place of Business	Mailing Address
~~250 WEST COVENTRY COURT #300~~ ~~MILWAUKEE WI 52317~~	250 WEST COVENTRY COURT #300 MILWAUKEE WI 53217-3966

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9725 Garfield Avenue South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Minneapolis, Minnesota		City & State	
Zip: 55420	Country: USA	Zip	Country

4. FEI Number ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ MEMBER LA MACCHIA, WILLIAM E 250 WEST COVENTRY COURT #300 MILWAUKEE WI 52317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003124473--1 -02/04/00--01081--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ MEMBER LA MACCHIA, SHARON L 250 WEST COVENTRY COURT #300 MILWAUKEE WI 52317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] Jan 11, 2000 1-414-934-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #