2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M45785 1. Entity Name FOREMOST TOURING ASSOCIATION, INC. ŝų:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 01, 2000 8:00 am Secretary of State 05-01-2000 90412 019 ***150.00

REVISE FL 33351 SINNINGE FL 33351 SUNNINGE FL 3							
2. Principal Place of Business 3. Mailing Address	Principal Place of Business		Mailing Address		}		
Suite, Apt. #, etc. City & State Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name MERVIS, LAURENCE R 8862 NW 44TH STREET SUNRISE FL 33351 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered above named entity submits this statement for the purpose of changing its registered define or registered above named entity submits this statement for the purpose of changing its registered define or registered above named entity submits this statement for the purpose of changing its registered define or registered above named and the name allogated agent are to dispose. SIGNATURE Signature, isoact or joined rises of injudiced agent are to disposed. (NOTE Registered Agent agentum neutral above named above named and the named agent are to be application. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Checke Payable to Department or State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. MAKE STREET ADDRESS SITEST ADDR			· ·				
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Zip Country Zip Country 5. Certificate of Status Cesired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
8. Name and Address of Current Registered Agent MERVIS, LAURENCE R 8862 NW 44TH STREET SUNRISE FL 33351 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax King requirement and elects to do so. Cise critier on back) MERVIS, LAURENCE R STID Delete TITLE NAME STID Delete TITLE MAME STID Delete TITLE NAME STIRET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P Change Change Change Change TITLE CHANGE CHANGE CHANGE STREET ADDRESS CITY-ST-2P CHANGE CHANGE STREET ADDRESS CITY-ST-2P CHANGE CHANGE STREET ADDRESS CITY-ST-2P CHANGE CHANGE S	City & State City & S		City & State		4. FEI Number 65-0056958	Applied For Not Applicable	
### Address of Name and Address of Name Registered Agent Name	Zip	Country	Zip	Country	5. Certificate of Status Desired [\$8.75 Additional	
MERVIS, LAURENCE R 8662 NW 44TH STREET SUNRISE FL 33351 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ITLE NAME MERVIS, LAURENCE R 8662 N.W. 44TH ST SUNRISE FL 33351 TITLE NAME MERVIS, LOIS R. 8662 N.W. 44TY ST SUNRISE FL TITLE Detele TITLE Detele TITLE Detele TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Detele TITLE Detele TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Detele TITLE Detele TITLE Detele TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Detele T		6. Name and Address of Current	Registered Agent		7. Name and Address of New Regis		
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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 info 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 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 Bi changed, or on an attachment with an address, with all other like empowered.	13. I hereby of indicated of the corp	on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that owered to execute this repor	my signature shall have t t as required by Chapter	the same legal effect as if made under oath:	: that I am an officer or director 1	