

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 MAR 18 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000002716**  
1. Entity Name  
**YOUTH GROUP TRAVEL ASSOCIATION OF AMERICA INC.**



Principal Place of Business  
**13832 FOX MEADOW DR.  
ORLANDO FL 32826**

Mailing Address  
**13832 FOX MEADOW DR.  
ORLANDO FL 32826**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. # etc  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. # etc  
City & State  
Zip Country

(A) FEI Number  
**01-0671975**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**LUDWIN, JULIUS  
13832 FOX MEADOW DR.  
ORLANDO FL 32826**

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. (FEI No. Registered Agent signature required when re-registering) DATE

**FILE NOW. FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LUDWIN, JULIUS 13832 FOX MEADOW DR. ORLANDO FL 32826</b> <i>D</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V LUDWIN, JOAN 13832 FOX MEADOW DR. ORLANDO FL 32826</b> <i>D</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S FRANCK, ROBIN L 661 IOWA WOODS CIRCLE EAST ORLANDO FL 32824</b> <i>D</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>900030952489 03/23/04--01118--010 **61.25</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report, or on an attachment to this report, with all other officers and directors.

*Julius Ludwin Pres.* 3-9-04 407-276-0586