2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am * Secretary of State DOCUMENT # N93000001525 1. Entity Name 09-12-2001 90008 037 ****61.25 INTERNATIONAL TRAVEL SERVICES ASSOCIATION, INC. Principal Place of Business Mailing Address 801 MAGNOLIA AVENUE . 801 MAGNOLIA AVENUE. SUITE 300 SUITE 300 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3., Mailing Address ĺ301 Magnolia Avenue, Svita Pili⊃ Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 316C DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3178859 Not Applicable <u>Orlando, FL 32803</u> Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLES, GARY Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DR. ORLANDO FL 32801 Zip Code FL 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 \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SHEEHAN, SHEILA TITLE ☐ Delete TITLE Change ☐ Addition 7083 GRÁND NATIONAL DR. STE 102 SHEEHAN, SHEILA NAME NAME ORLANDO.FL 32819 7041 GRAND NATIONAL DR STE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP 🔼 Delete TITI F Addition ☐ Change PEREZ, ALFONSO 11052 SATELLITE BOULEVARD HECKMANN, RAY NAME NAME 737 W. OAKRIDGE RD STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITHE . Delete TATE, BILL NAME NAME TATE, BILL 2453 ORLANDO CENTRAL PARKWAY 2435 ORLANDO CENTRAL PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-7IP ORLANDO FL 32809 Delete TITLE Change Addition : FIGUEIREDO, CRISTINA NAME NAME PERSONS, ELLEN 407 LINCOLN ROAD SUITE PENTHOUSE NW STREET ADDRESS STREET ADDRESS 4901 VINELAND ROAD STE 4 STE ORLANDO FL 32811 CITY-ST-7IP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Additic HITTNER, STEVE NAME NAME PROCTOR, MONIKA STREET ADDRESS 233 E. NEW HAVEN AVENUE 6375 WEŚT IRLO BRONSON MEMORIAL HICHWAY STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34747 MELBOURNE FL 32901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addit PERSONS, ELLEN NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 direct of the corporation or the receiver or disternance of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with a other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

7680 REPUBLIC DR STE 170

ORLANDO FL 32819

7.6.01

407.345.4992

CR2E037 (5/01)

FILED

Attachment Douth N93000001525 775213

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