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

## DOCUMENT # N9900001404

1. Entity Name

## HERNANDO COUNTY ASSOCIATION OF TRAVEL PROFESSION



**FILED** Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90088 006 \*\*\*\*61.25

ALS, INC.	•					GOD WE THE					
Principal Plac	ce of Business		Mailin	ng Address							
628 DECATUR AVE BROOKSVILLE FL 34601-3236				OX 10189 KSVILLE FL 34603-01	90						
BHOOKSVILLE	FL 34001-3230		bhooi	KSVILLE PL 34005-01	09		1 10011101 010 101		## #  > #       #	18:11 6:81 (88)	
0 Dringing I	Disas of Dusing		13 Ma	ilina Addrona							
2. Principal Place of Business 3. Ma				. Mailing Address					BBSBI IIDAS BIBSI I	[0]   0	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State  Zip Country  6. Name and Address of Current F  MYERS, GREG K			1. 0. Ct-1-			A STANL WILLIAM			Applied For		
City & Star	te		C	ty & State			4. FEI Number 59	4. FEI Number 59-3471324		Not Applicable	
Zip Country			Zi	Zip C		ntry	5. Certificate of St	atus Desired	\$8.75 A	dditional	
							7. Name and Address of New Registered Agent				
	6. Name	and Address of Curren	t Hegister	ed Agent		Name	7. Name and Add	ress of New Registere	а Адепт		
MYERS GREG K						Street Address (P.O. Box Number is Not Acceptable)					
628 DECATUR AVE					ļ	direct Address (1.0. Box Natificer is Not Acceptable)					
BROOKS	SVILLE FL 34	601-3236									
						City		F	Zip Co	de	
8. The above	e named entity	submits this statement t	or the purp	oose of changing its	registere	ed office or regist	tered agent, or both, in t	the State of Florida.   ai	m familiar with	, and accept	
the obliga	itions of registe										
.4											
SIGNATURE	Signature, typed of	r printed name of registered ager	it and title if ap	plicable. (NOTI	E: Registered	d Agent signature requi	ired when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be		ck Payable		
			City  Ditts this statement for the purpose of changing its registered office or registered agent, or both, in the State of gent.  City  State agent, or both, in the State of Gents agent agent, or both, in the State of Gents agent.  City  City  State agent agent, or both, in the State of Gents agent agent, or both, in the State of Gents agent.  City  State agent agent, or both, in the State of Gents agent.  City State agent agent, or both, in the State of Gents agent.  City State agent agent, or both, in the State of Gents agent.  City State agent agent, or both, in the State of Gents agent.  City State agent agent.  City State agent.  City State agent agent.  City State agent agent.  City State ag			Florida Dep	artment of	State			
10. OFFICERS AND DIRECT				  S			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	STD			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME OTOTET LODDEGO	MYERS, GF										
STREET ADDRESS CITY-ST-ZIP	628 DECAT										
TITLE	PD	LDL I L 34001		☐ Delete	_				☐ Change	Addition	
NAME	ROBINSON				NAME						
STREET ADDRESS CITY-ST-ZIP		MERCIAL WAY				l l					
	VPD	LL FL 34606			-	-ST-ZIP			Change	☐ Addition	
TITLE NAME		L, MARSHALL		☐ Delete	TITLE NAME				Criange	☐ Audition	
STREET ADDRESS		AL LINE BLVD			STRE	ET ADDRESS					
CITY-ST-ZIP	SPRING HI	LL FL 34607			CITY-	-ST-ZIP					
TITLE				Delete	TITLE NAME				Change	Addition	
NAME STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY-	-ST-ZIP					
TITLE				☐ Delete	TITLE				☐ Change	Addition	
NAME					NAME						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
TITLE	<del>                                     </del>			☐ Delete	TITLE				☐ Change	Addition	
NAME				- Delete	NAME				onlingo		
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	1				CITY-	ST-7IP					

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: