

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90045 006 ***158.75

DOCUMENT # P01000035095

1. Entity Name
FUN FAMILY TOURS, INC.

Principal Place of Business
4705 SPOTTSWOOD DRIVE
ORLANDO FL 32812

Mailing Address
4705 SPOTTSWOOD DRIVE
ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FERNUMBER
593-71-0434

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Dennis Duggan**
 Street Address (P.O. Box Number is Not Acceptable)
4705 Spottswood DR.
 City **Orlando** **FL** Zip Code **32812**

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 **Dennis J. Duggan**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
 NAME **DUGGAN, DENNIS J**
 STREET ADDRESS **4705 SPOTTSWOOD DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **Off. Sec.** ☐ Change ☒ Addition
 NAME **Jennifer V. MARGESON**
 STREET ADDRESS **4705 Spottswood Dr.**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **~~XXXXXXXXXXXXXXXXXXXX~~** ☐ Delete
 NAME **~~XXXXXXXXXXXXXXXXXXXX~~**
 STREET ADDRESS **~~XXXXXXXXXXXXXXXXXXXX~~**
 CITY-ST-ZIP **~~XXXXXXXXXXXXXXXXXXXX~~**

TITLE **V. Pres. Dir. Tres.** ☒ Change ☐ Addition
 NAME **Duggan, Dennis**
 STREET ADDRESS **4705 Spottswood Dr.**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **~~XXXXXXXXXXXXXXXXXXXX~~** ☐ Delete
 NAME **~~XXXXXXXXXXXXXXXXXXXX~~**
 STREET ADDRESS **~~XXXXXXXXXXXXXXXXXXXX~~**
 CITY-ST-ZIP **~~XXXXXXXXXXXXXXXXXXXX~~**

TITLE **~~XXXXXXXXXXXXXXXXXXXX~~** ☐ Change ☐ Addition
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 CITY-ST-ZIP **~~XXXXXXXXXXXXXXXXXXXX~~**

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 NAME **~~XXXXXXXXXXXXXXXXXXXX~~**
 STREET ADDRESS **~~XXXXXXXXXXXXXXXXXXXX~~**
 CITY-ST-ZIP **~~XXXXXXXXXXXXXXXXXXXX~~**

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

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
 Date

407.306.0111
 Daytime Phone #

CR2E034 (9/01)