

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35038

1. Entity Name

ISLAND RESORT TOURS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90087 041 ***158.75

Principal Place of Business

6401 CONGRESS AVE., STE. 100
BOCA RATON FL 33487

Mailing Address

6401 CONGRESS AVE., STE. 100
BOCA RATON FL 33487-2841

2. Principal Place of Business

1065 SW 30TH AVE
Suite, Apt. #, etc.

3. Mailing Address

1065 SW 30TH AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FEI Number

13-3553228

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

33442

Country

USA

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

6. Name and Address of Current Registered Agent

APPEL, GEORGE A.
6401 CONGRESS AVE., SUITE 100
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name JOHN SCANNELL
Street Address (P.O. Box Number is Not Acceptable) 1065 SW 30TH AVE
City DEERFIELD BEACH FL Zip Code 33442

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 JOHN SCANNELL

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

John A Scannell

(NOTE: Registered Agent signature required when reinstating)

APR 19/00

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, 2000 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

TITLE PD
NAME HICKS, STEPHEN A
STREET ADDRESS 300 E 40TH ST
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE S
NAME ALTER, BRUCE R
STREET ADDRESS 261 MADISON AVE 22ND FL
CITY-ST-ZIP NEW YORK NY 10016-2303 ☐ Delete

TITLE T
NAME APPEL, GEORGE A.
STREET ADDRESS 6401 CONGRESS AVE STE100
CITY-ST-ZIP BOCA RATON FL ☒ Delete

TITLE CD
NAME BARRETT, ROBERT A.
STREET ADDRESS P.O. BOX 54 N/A
CITY-ST-ZIP ST JOHN'S ANTIGUA VI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Appel

Date

Daytime Phone #

APR 19/00 954-481-8787

CR2E034 (9/99)