

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017699

1. Entity Name

UNDER THE SUN TOUR & TRAVEL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90055 036 ***150.00

Principal Place of Business

7232 SAND LAKE RD
SUITE 300
ORLANDO FL 32819

Mailing Address

7232 SAND LAKE RD
SUITE 300
ORLANDO FL 32819-5255

2. Principal Place of Business

5529 INTERNATIONAL DR

Suite, Apt. #, etc.

3. Mailing Address

5529 INTERNATIONAL DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3168446

Applied For

Not Applicable

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAPE, FRANK A II
7232 SAND LAKE RD
SUITE 300
ORLANDO FL 32819

Name

STAPE, FRANK II

Street Address (P.O. Box Number is Not Acceptable)

5529 INTERNATIONAL DR

City

ORLANDO

FL

Zip Code

32819

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☐ Delete
NAME STAPE, FRANK A II
STREET ADDRESS 7232 SAND LAKE RD., S-300
CITY-ST-ZIP ORLANDO FL 32819

PLEASE SEE
ABOVE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/99)