

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035371

1. Entity Name

DIVERSIFIED TRAVEL MANAGEMENT, INC.

Principal Place of Business

1443 DEL PRADO BLVD.
CAPE CORAL FL 33990

Mailing Address

1443 DEL PRADO BLVD.
CAPE CORAL FL 33990

2. Principal Place of Business

BLVD. Mailing Address

2148 A Mcgregor.

2148 A. Mcgregor BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Font Myers FL

City & State

Font Myers FL

Zip

33901

Country

Lee

Zip

33901

Country

Lee

4. FEI Number

65-0508920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTHOUSE, THEODORE D
1443 DEL PRADO BLVD.
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

MATTHEW D. CULAR JR.

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

2148 A Mcgregor BLVD

City

Font MYERS

FL

Zip Code

33901

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

MATTHEW D. CULAR JR.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-8-2001

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALTHOUSE, THEODORE D. W
1443 DEL PRADO BLVD.
CAPE CORAL FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALTHOUSE, ADRIS J
1443 DEL PRADO BLVD.
CAPE CORAL FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
14801 ROYAL OAK CT.
Font MYERS FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
14801 ROYAL OAK CT
Font MYERS FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MATTHEW D. CULAR JR.
5849 Sandburg Dr.
N. FT. MYERS FL 33903 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

Date

Daytime Phone #

6-8-2001 332 7755

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90009 018 ***550.00



DO NOT WRITE IN THIS SPACE