

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90011 028 \*\*\*150.00

**DOCUMENT # P94000062527**

1. Entity Name  
**TOURMASTERS, INC.**

Principal Place of Business  
**11 NORTH J ST.  
 SUITE 3  
 LAKE WORTH FL 33460**

Mailing Address  
**11 NORTH J ST.  
 SUITE 3  
 LAKE WORTH FL 33460**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

Zip Country Zip Country

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**LICHTMAN, RONALD E.  
 4744 S. OCEAN BLVD. TH #8  
 HIGHLAND BEACH FL 33487**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LICHTMAN, RONALD E<br/>4744 S. OCEAN BOULEVARD, TH #8<br/>HIGHLAND BEACH FL 33487</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>DE PAOLA, PAUL J<br/>120 N LAKESIDE DR #7<br/>LAKE WORTH FL 33460</b>               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/30/02** Daytime Phone #

CR2E034 (4/02)

attachment

871423

P94000062527

August 30, 2002

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

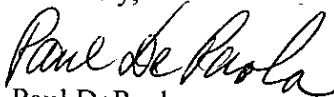
Corporation Name : TourMasters, Inc.  
Document Number : P94000062527  
Form : Uniform Business Report  
Year : 2002

Upon receiving your, obviously, 2nd request for our Uniform Business Report Filing, we checked our most recent reconciled bank statement and noticed that our check that was remitted with our original Uniform Business Report on April 18, 2002 has not cleared. We have also checked the internet as to the status of our report filing for the 2002 year and found that our filing for the 2002 year is not showing. Obviously, this packet has been lost in the mail since the filing has not been done and our check has not cleared, and therefore, we are enclosing a replacement check in the amount of \$150.00 and the second report that you have sent to us. Unfortunately, we did not keep a copy of our first original report..

In the event that you receive both of our packets that were mailed, please return (1) one of them to us with the check voided.

Your immediate attention to process our return will be greatly appreciated.

Sincerely,



Paul DePaola  
Vice-President

Attachment

871423

#P94 000062527

9-06-02



**Hilton**  
Palm Beach Airport

Dear Sirs:

This was  
prepared on 8/30/02  
and I was going  
to mail it but the  
P. Office closed at  
5 PM on that Friday.  
The Labor Day Holiday  
was Monday and  
I came down with  
the flu and today  
was my 1<sup>st</sup> day out  
to mail this package.  
I'm sorry!

Paul DeVos

150 Australian Avenue  
West Palm Beach, FL 33406  
Telephone 561 684 9400  
Reservations: [www.hilton.com](http://www.hilton.com)  
or 1 800 HILTONS