FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000065122 (1)**

1. Corporation Name
UNIVERSITY TRAVEL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1759 W. BROADWAY ~~SUITE 7~~ Suite 2 OVIEDO FL 32765 US	1759 W. BROADWAY ~~SUITE 7~~ Suite 2 OVIEDO FL 32765 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: 09/02/1994

4. FEI Number: 59-3266798 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~PAPPAS, PETER G~~
~~225 E. ROBINSON ST.~~
~~SUITE 640~~
~~ORLANDO FL 32801~~
Philip Logas
34 East Pine St
Orlando, Fl. 32801

10. Name and Address of New Registered Agent

81 Name: Philip Logas
82 Street Address (P.O. Box Numbers Not Acceptable): 34 East Pine St
83
84 City: ORLANDO FL 85 Zip Code: 32801

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	President ☑ Change ☐ Addition
NAME	SHUMAKER, JANET		1.2 NAME	Shumaker, Janet
STREET ADDRESS	1020 NANCY CIRCLE		1.3 STREET ADDRESS	1020 Nancy Circle
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP	Winter Springs, Fl 32708
TITLE	D	☑ DELETE	2.1 TITLE	☐ Change ☑ Addition
NAME	SAPP, NANCY		2.2 NAME	ALLISON, ROBERT
STREET ADDRESS	1759 W. BROADWAY, SUITE 7		2.3 STREET ADDRESS	1761 West Schwartz
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP	Lady Lake Fl 32159
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

6/6/23

FLORIDA DEPARTMENT
06/23/98 --00005 --021
***150.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

X _____ JANET SHUMAKER

CR2E034 (10/97)