

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051661

1. Entity Name

ADVENTURE ENTERPRISES, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90160 001 \*\*\*150.00

Principal Place of Business

Mailing Address

1791 KILLARNEY DRIVE  
WINTER PARK FL 32789  
US

P.O. BOX 2003  
WINTER PARK FL 32790

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3333914**

Applied For

Not Applicable

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

BESKE, ROBERT S.  
1791 KILLARNEY DRIVE  
WINTER PARK FL 32789

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	BESKE, ROBERT S.	1791 KILLARNEY DR WINTER PARK FL 32789				
	VP	BESKE, BETTY C.	1791 KILLARNEY DRIVE WINTER PARK FL 32789				
	VP	CHIROGIANIS, SHERI	944 MILLENBECK DELTONA FL 32725				
	S	RHODES, TAMMI	1300 IRON HORSE BEND GENEVA FL 32732				
	T	HILL, SHERIE	5268 SE PINE ST HILLSBORO OR 97123				
	VP	MATSON, DARLENE	P.O. BOX 2003 WINTER PARK FL				

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 supplement 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 #

4/14/01 407-645-2710

CR2E034 (10/00)