

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053644

1. Entity Name

WORLDWIDE ADVENTURES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90134 035 ***158.75

Principal Place of Business

1301 S PATRICK DR
STE 67
SATELLITE BEACH FL 32937
US

Mailing Address

1301 S PATRICK DR
STE 67
SATELLITE BEACH FL 32937-4372
US

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

59-3323801

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

FRANCIS, SANDI M
1301 S PATRICK DR
STE 67
SATELLITE BEACH FL 32937

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.

SAME AGENT

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	CT	<input type="checkbox"/> Delete
NAME	FRANCIS, SANDI M	
STREET ADDRESS	190 HARWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALEY, STEPHEN H	
STREET ADDRESS	332 W EXETER ST	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRANCIS, FREDERICK	
STREET ADDRESS	190 HARWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Sandi M. Francis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDI M. FRANCIS

Date

1-3-00 407-773-4878
Daytime Phone #

CR2E034 (9/99)