

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90453 014 \*\*\*150.00

**DOCUMENT # P95000065839**

1. Entity Name

**ITRAVEL PARTNERS, INC.**

Principal Place of Business <b>5711-1 INDEPENDENCE CIRCLE FT MYERS FL 33912 US</b>	Mailing Address <b>5711-1 INDEPENDENCE CIRCLE FT MYERS FL 33912 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0602471</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>VILLALOBOS, P. MICHAEL 5711-1 INDEPENDENCE CIRCLE FT MYERS FL 33912</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO- SMITH, CLAUDE</b> 4340 S. VALLEY VIEW BLVD, STE 230 LAS VEGAS NV 89103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO Thomas Gray</b> 5711 Independence Circle Ft. Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RUNYON, THOMAS</b> 5711-1 INDEPENDENCE CIRCLE FT. MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD DUTT, ERIC</b> 4340 S. VALLEY VIEW BLVD., STE 230 LAS VEGAS NV 89103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VILLALOBOS, P. MICHAEL</b> 5711-1 INDEPENDENCE CIRCLE FT. MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D GRAY, THOMAS</b> 5711-1 INDEPENDENCE CIRCLE FT. MYERS FL 33912</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Jack Saylor</b> 5711 Independence Circle Ft. Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OWENS, JIM</b> 4340 S. VALLEY VIEW BLVD., STE 230 LAS VEGAS NV 89103	TITLE 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: Michael Villalobos SECRETARY 4/26/00 941 454-5600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)