2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90459 025 ***158.75

DOCUMENT # P95000068458

1. Entity Name

~~TRAVELWAYS OF FLORIDA CHARTER BUSING, INC.~~
VecTour of Fhorida Inc,

Principal Place of Business	Mailing Address
1100 LEE WAGNER BLVD. SUITE 203 FORT LAUDERDALE FL 33315	1100 LEE WAGNER BLVD. SUITE 203 FORT LAUDERDALE FL 33315

020025

DO NOT WRITE IN THIS SPACE

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 65-0624451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301~~

7. Name and Address of New Registered Agent

Name: Gary Sterbinsky
Street Address (P.O. Box Number is Not Acceptable): 10360 General Drive
City: Orlando FL Zip Code: 32824

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: Gary Sterbinsky (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 1/25/01

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	PCEO GALLAGHER, DENIS J GLOBAL CORPORATE CTR., 4559 RT. 9, NORTH HOWELL NJ 07731	☒ Delete	C Conicelli, Hank 610 Sentry Parkway Suite 250 Blue Bell PA 19422	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO SRSEN, TERRENCE F GLOBAL CORPORATE CTR., 4559 RT. 9, NORTH HOWELL NJ 07731	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVCE BOUCHER, DAVID M GLOBAL CORPORATE CTR., 4559 RT. 9, NORTH HOWELL NJ 07731	☐ Delete	P/D Boucher, David M 610 Sentry Parkway Suite 250 Blue Bell PA 19422	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPS BYRNE, ROBERT H GLOBAL CORPORATE CTR., 4559 RT. 9, NORTH HOWELL NJ 07731	~~Delete~~		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VFAS STERBINSKY, GARY GLOBAL CORPORATE CTR., 4559 RT. 9, NORTH HOWELL NJ 07731	☐ Delete	CFO Sterbinsky, Gary 10360 General Dr, Orlando FL 32824	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ALTIERI, PAULA GLOBAL CORPORATE CTR., 4559 RT. 9, NORTH HOWELL NJ 07731	☒ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Gary Sterbinsky 1/25/01 610-834-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
09-11-2000 90072 024 ***558.75

DOCUMENT # P95000068458

1. Entity Name
Travelways of Florida Charter Busing, Inc.

A0075827

Principal Place of Business	Mailing Address
1100 Lee Wagner Boulevard Suite 203 Ft. Lauderdale, FL. 33315	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1100 Lee Wagner Blvd. Suite, Apt. #, etc. 203
City & State	City & State: Ft. Lauderdale, FL.
Zip / Country	Zip: 33315 / Country: USA

4. FEI Number: 65-0624451 ☒ 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
	Name: Gary Sterbinsky Street Address (P.O. Box Number is Not Acceptable): 10360 General Drive City: Orlando FL Zip Code: 32824

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: Gary Sterbinsky CFO 9/5/00
(Signature, typed or printed name of registered agent and title if applicable. Required for each 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		☐ Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change ☐ Addition
TITLE	P/D		TITLE		
NAME	Boucher, David M.		NAME		
STREET ADDRESS	610 Sentry Parkway, Suite 250		STREET ADDRESS		
CITY-ST-ZIP	Blue Bell, PA 19422		CITY-ST-ZIP		
TITLE	CFO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Sterbinsky, Gary		NAME		
STREET ADDRESS	10360 General Drive		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL. 32824		CITY-ST-ZIP		
TITLE	SVPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Byrne, Robert H.		NAME		
STREET ADDRESS	455A Route 9 North		STREET ADDRESS		
CITY-ST-ZIP	Howell, NJ 07731		CITY-ST-ZIP		
TITLE	C	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Coricelli, Hank		NAME		
STREET ADDRESS	610 Sentry Parkway, Suite 250		STREET ADDRESS		
CITY-ST-ZIP	Blue Bell, PA 19422		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Gary Sterbinsky 9/5/00 610-834-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attached for your information