

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037928

1. Entity Name

AUDUBON TRAVEL AND TOURS INC

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90005 029 \*\*\*150.00

Principal Place of Business

24123 PEACHLAND BLVD  
UNIT C6  
PT CHARLOTTE FL 33954

Mailing Address

24123 PEACHLAND BLVD  
UNIT C6  
PT CHARLOTTE FL 33954-3765

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

65-0670784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, MARIA T  
32401 TONOWA DR  
PUNTA GORDA FL 33982

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, 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	P	<input type="checkbox"/> Delete
NAME	HILL, MARIA T	
STREET ADDRESS	32401 TONOWA DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIDALGO, BLAS E	
STREET ADDRESS	21043 BAFFIN AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	G	<input type="checkbox"/> Delete
NAME	VAZQUEZ, ANA M.	
STREET ADDRESS	22342 MIDWAY BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS
STREET ADDRESS	19360 VILLANOVA ST
CITY-ST-ZIP	PORT CHARLOTTE FL, 33954
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANGES LAS NAME AND ADDRESS
STREET ADDRESS	COCALIDDES ANA M.
CITY-ST-ZIP	3052 COLLINGSWOOD BLVD
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORT CHARLOTTE FL, 33948
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
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: 11 and 6 UNREQUIRE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-00

CR2E034 (9/99)