

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079446

1. Entity Name  
TOUR PAK, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90066 037 \*\*\*150.00

Principal Place of Business

Mailing Address

3270 MONUMENT BAY ROAD  
ST. AUGUSTINE FL 32092

3270 MONUMENT BAY ROAD  
ST. AUGUSTINE FL 32092-0588

2. Principal Place of Business

3201 FOREST BLVD

3. Mailing Address

SAME AS 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3405194

Applied For

Not Applicable

Zip

32246

Country

Zip

Country

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

MATLOCK, LEANN  
3270 MONUMENT BAY ROAD  
ST. AUGUSTINE FL 32092

Name

TIMOTHY S. PIKE

Street Address (P.O. Box Number is Not Acceptable)

2813 LANTANA LAKES DR. E.

City

JACKSONVILLE

FL

Zip Code

32246

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 TIMOTHY S. PIKE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

4-28-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	METZGER, NANCY	
STREET ADDRESS	3270 MONUMENT BAY ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATLOCK, LEANN	
STREET ADDRESS	3270 MONUMENT BAY ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATLOCK, LEMOYNE	
STREET ADDRESS	3270 MONUMENT BAY ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES. SECT. TRGAS. DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY S. PIKE	
STREET ADDRESS	2813 LANTANA LAKES DR. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input checked="" 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		
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:

TIMOTHY S. PIKE

Date

4-28-00

Daytime Phone #

904-645-6237

CR2E034 (9/99)