

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088828

1. Entity Name
GLOBAL TEAM TOURS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90026 009 ***150.00

Principal Place of Business

232 MISTY OAKS
APOPKA FL 32712

Mailing Address

14410 RANEY'S LANE
ORLAND PARK IL 60462
US

C0043742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

232 MISTY OAKS CT

Suite, Apt. #, etc.

City & State

LEXINGTON SC

City & State

4. FEI Number 59-3410072

Applied For

Not Applicable

Zip

29072

Country

USA

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

VISSCHER, JONATHAN E
2631-B N.W. 41ST STREET
GAINESVILLE FL 32606

Name

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

1405 NW 13TH ST

GAINESVILLE

City

FL

Zip Code

32601

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, 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 D ☐ Delete
NAME VISSCHER, JONATHAN
STREET ADDRESS 1500 NW 16TH AVE #279
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VISSCHER, E. MARIE
STREET ADDRESS 1071 ENCOURTE GREEN
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEERY, J. JEFFREY
STREET ADDRESS 2615 VIA TUSCANY
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEHMEIER, ELISE
STREET ADDRESS 14410 RANEYS LANE
CITY-ST-ZIP ORLAND PARK IL 60462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAXWELL, RACHEL
STREET ADDRESS 232 MISTY OAKS CT
CITY-ST-ZIP LEXINGTON SC 29072

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAXWELL, RICHARD
STREET ADDRESS 232 MISTY OAKS CT
CITY-ST-ZIP LEXINGTON SC 29072

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01

708-226-5971

CR2E034 (10/00)