

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90304 039 ***150.00

DOCUMENT # P96000088828

1. Entity Name

GLOBAL TEAM TOURS, INC.

Principal Place of Business

**232 MISTY OAKS COURT
 LEXINGTON SC 29072**

Mailing Address

**14410 RANEY'S LANE
 ORLAND PARK IL 60462
 US**

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

59-3410072

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

**VISSCHER, JONATHAN E
 1405 NORTHWEST 13TH STREET
 GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name **Visser, Jonathan E**
 Street Address (P.O. Box Number is Not Acceptable)
500 NW 43rd St Ste 3
 City **GAINESVILLE** FL Zip Code **32607**

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, 2002 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 ☐ Delete
 NAME **D 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 ☐ Delete
 NAME **D VISSCHER, E. MARIE**
 STREET ADDRESS **1071 ENCOURTE GREEN**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6832 SW 84th St**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

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

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

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

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

TITLE ☐ Delete
 NAME **D 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 #

708-226-5971

CR2E034 (9/01)