

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90117 031 \*\*\*150.00

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**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VISSCHU, JONATHAN E**  
**500 NW 43 STREET**  
**SUITE 3**  
**GAINESVILLE FL 32607**

*Name correction  
only*

Name **VISSCHER, JONATHAN E**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VISSCHER, JONATHAN	
STREET ADDRESS	1500 NW 16TH AVE #270	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	VISSCHER, E. MARIE	
STREET ADDRESS	6832 SW 84 STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEERY, J. JEFFREY	
STREET ADDRESS	2615 VIA TUSCANY	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEHMEIER, ELISE	
STREET ADDRESS	14410 RANEYS LANE	
CITY-ST-ZIP	ORLAND PARK IL 60462	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXWELL, RACHEL	
STREET ADDRESS	232 MISTY OAKS CT	
CITY-ST-ZIP	LEXINGTON SC 29072	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXWELL, RICHARD	
STREET ADDRESS	232 MISTY OAKS CT	
CITY-ST-ZIP	LEXINGTON SC 29072	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6832 SW 84th St	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	232 MISTY OAKS CT	
CITY-ST-ZIP	LEXINGTON SC 29072	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Elise Wehmeier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Elise Wehmeier*  
Vice President

**27 JAN 03**

Date

**708-226-5971**

Daytime Phone #

CR2E034 (10/02)