

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

09-20-2000 90002 008 \*\*\*550.00

DOCUMENT # P97000049898

1. Entity Name

EUROMUSIC TOURS, INC

Principal Place of Business

103 2ND STREET  
 RUSKIN, FLORIDA  
 33570

Mailing Address

103 2ND STREET  
 RUSKIN, FLORIDA  
 33570

2. Principal Place of Business

9300 OVERSEAS HIGHWAY  
 Suite, Apt. #, etc.

3. Mailing Address

9300 OVERSEAS HIGHWAY  
 Suite, Apt. #, etc.

City & State

MARATHON, FLORIDA

City & State

MARATHON, FLORIDA

4. FEI Number

59-3459089

Applied For

Not Applicable

Zip

Country

33050

USA

Zip

Country

33050

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

00087343

6. Name and Address of Current Registered Agent

DAMON C. GLISSON  
 5908 FORTUNE PLACE  
 APOLLO BEACH, FLORIDA 33572

7. Name and Address of New Registered Agent

Name: GEOFFREY K. MOSHER, JR.  
 Street Address (P.O. Box Number is Not Acceptable):  
 140 SOUTH MAIN STREET  
 City: BROOKSVILLE FL Zip Code: 34601

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: Geoffrey K. Mosher, Jr. Geoffrey K. Mosher, Jr. 9/7/00  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT G. CARTER 103 2ND STREET RUSKIN, FLORIDA 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANE S. CARTER 103 2ND STREET RUSKIN, FLORIDA 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT G. CARTER 9300 OVERSEAS HIGHWAY MARATHON, FLORIDA 33050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANE S. CARTER 9300 OVERSEAS HIGHWAY MARATHON, FLORIDA 33050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Jim S. Carter  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00 305851872  
 Date Daytime Phone #

CR2E034 (9/99)