

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061527

1. Entity Name

American Tour School, Inc

3655 Mustang Way
Casselberry, FL 32707

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90958 041 ***150.00

A0061069

2. Principal Place of Business <u>308 Sand Pine Pl</u> Suite, Apt. #, etc.		3. Mailing Address <u>PO Box 1290</u> Suite, Apt. #, etc.		4. FEI Number <u>593466872</u>		Applied For <input type="checkbox"/> Not Applicable	
City & State <u>Geneva FL</u>		City & State <u>Geneva, FL</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip <u>32732</u>		Country <u>USA</u>		Zip <u>32732</u>		Country <u>USA</u>	
6. Name and Address of Current Registered Agent <u>DAVID Forbes III</u> <u>3655 Mustang Way</u> <u>Casselberry, FL 32707</u>				7. Name and Address of New Registered Agent Name <u>DAVID Forbes III</u> Street Address (P.O. Box Number is Not Acceptable) <u>308 Sand Pine Pl</u> <u>PO Box 1290</u> City <u>Geneva</u> <u>FL</u> Zip Code <u>32732</u>			

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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>Pres D</u>	<input type="checkbox"/> Delete	TITLE <u>Pres D</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>DAVID Forbes III</u>		NAME <u>DAVID Forbes III</u>	
STREET ADDRESS <u>3655 Mustang Way</u>		STREET ADDRESS <u>308 Sand Pine Pl / PO Box 1290</u>	
CITY-ST-ZIP <u>Casselberry, FL 32707</u>		CITY-ST-ZIP <u>Geneva, FL 32732</u>	
TITLE <u>MARY Redd</u>	<input type="checkbox"/> Delete	TITLE <u>MARY Redd</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>MARY Redd</u>		NAME <u>MARY Redd</u>	
STREET ADDRESS <u>3655 Mustang Way</u>		STREET ADDRESS <u>308 Sand Pine Pl / PO Box 1290</u>	
CITY-ST-ZIP <u>Casselberry FL 32707</u>		CITY-ST-ZIP <u>Geneva, FL 32732</u>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mary C Redd 4/26/00 407-349-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)