

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90001 041 ***150.00

0113307 AT

DOCUMENT # P97000061527

1. Entity Name
AMERICAN TOUR SCHOOL, INC.

LD

Principal Place of Business
**308 SAND PINE PL.
 GENEVA FL 32732**

Mailing Address
**PO BOX 1290
 GENEVA FL 32732**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3466872**

Applied For
 Not Applicable

Zip

Country

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

**FORBES, DAVID L III
 308 SAND PINE PL., PMB 1290
 GENEVA FL 32732**

Name
 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.

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **FORBES, DAVID L III**
 STREET ADDRESS **308 SAND PINE PL., PMB 1290**
 CITY-ST-ZIP **GENEVA FL 32732**

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

TITLE **D** ☐ Delete
 NAME **REDD, MARY C**
 STREET ADDRESS **308 SAND PINE PL., PMB 1290**
 CITY-ST-ZIP **GENEVA FL 32732**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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: *Mary C Redd*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01 *407-349-0006*
 Date Daytime Phone #

CR2E034 (5/01)

July 5, 2001

Attachment
OFF 9700006527
A007B60

To Whom It May Concern:

I sent in my form on April 16, 2001, check number 1689 for \$150.00.
I just received this form today, and called. Apparently the check and form never
got to your department. I was told to send in this form along with the check for
\$150.00 with this note explaining what happened.

Thank you,

Mary Redd