

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2001 90038 036 ***158.75

DOCUMENT # P97000088370

1. Entity Name

BON VOYAGE INTERNATIONAL TRAVEL, INC.

Principal Place of Business

229 WEST FAIRBANKS AVE
 WINTER PARK FL 32789

Mailing Address

229 WEST FAIRBANKS AVE
 WINTER PARK FL 32789

2. Principal Place of Business

1270 ORANGE AVE

Suite, Apt. #, etc.

SUITE D

3. Mailing Address

1270 ORANGE AVE

Suite, Apt. #, etc.

SUITE D

City & State

WINTER PARK, FL

Zip

32789

Country

City & State

WINTER PARK, FL

Zip

32789

Country

4. FEI Number

59-1399076

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

APPLEBEE, WILLIAM K
 2144 DEER HOLLOW CIRCLE
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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

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, 2001, 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	P	<input checked="" type="checkbox"/> Delete
NAME	APPLEBEE, WILLIAM K	
STREET ADDRESS	2144 DEER HOLLOW CIR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	APPLEBEE, MARGARET A	
STREET ADDRESS	2144 DEER HOLLOW CIR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHIEF EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENTH ST. CLAIR	
STREET ADDRESS	999 PONCE DE LEON BLVD STE 918	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. TOLESON	
STREET ADDRESS	999 PONCE DE LEON BLVD STE 918	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM R. REISS	
STREET ADDRESS	999 PONCE DE LEON BLVD STE 918	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		

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 my address, with all other like empowered.

SIGNATURE:

WILLIAM R. REISS

1/25/01

305.567-0484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)