

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90112 014 \*\*\*150.00

**DOCUMENT # P97000099153**

1. Entity Name

**INTERNATIONAL TRAVEL GROUP, INC.**

Principal Place of Business

Mailing Address

1850 LEE ROAD  
 SUITE 331  
 WINTER PARK FL 32789  
 US

1850 LEE ROAD  
 SUITE 331  
 WINTER PARK FL 32789-2164  
 US

2. Principal Place of Business

3. Mailing Address

**2127 BRICKELL AVE.**

**2127 BRICKELL AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#1602**

**#1602**

City & State

City & State

**MIAMI, FL**

**MIAMI, FL**

Zip

Country

Zip

Country

**33312**

**USA**

**33312**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZ, LAWRENCE H**  
**341 N. MAITLAND AVENUE**  
**SUITE 120**  
**MAITLAND FL 32751**

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, 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	PD	<input type="checkbox"/> Delete
NAME	ST CLAIR, KEITH	
STREET ADDRESS	1850 LEE RD STE 331	
CITY-ST-ZIP	WINTER PK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEBEE, WILLIAM	
STREET ADDRESS	2144 DEER HOLLOW CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, DOUGLAS	
STREET ADDRESS	EMS UNIT 11 W TRADING ESTATES	
CITY-ST-ZIP	HERNE BAY KENT ENGLAND CT-68J2	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLIS, ANTHONY	
STREET ADDRESS	4 HIGH TREES- NEW BARNET	
CITY-ST-ZIP	HERTS EN4 900 ENGLAND	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, FRANK	
STREET ADDRESS	6342 NIGHTWIND CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	S	<input type="checkbox"/> Delete
NAME	KATZ, LAWRENCE H	
STREET ADDRESS	SUITE 120, 341 N. MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2127 BRICKELL AVENUE, #1602</b>
CITY-ST-ZIP	<b>MIAMI, FL 33312</b>
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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:

**WINTER PARK FL 32789-2164**  
**KEITH ST. CLAIR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/2000 305-567-0484**

Date

Daytime Phone #