

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088247

1. Entity Name

ALL DESTINATIONS CRUISE & TRAVEL, INC.

Principal Place of Business

1907 SW 170TH ST  
NEWBERRY FL 32669

Mailing Address

3302 W. UNIVERSITY AVE.  
SUITE C  
GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CRANE, DONNA

~~3302 W UNIVERSITY AVE~~

~~STE C~~

GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4300 N.W. 23<sup>rd</sup> Av.

Suite 186

City

Gainesville

FL

Zip Code

32606

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 ☐ Delete  
NAME D  
STREET ADDRESS CRANE, DONNA  
CITY-ST-ZIP ~~3302 W UNIVERSITY AVE., STE C~~  
GAINESVILLE FL 32607

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LEBLANC, CAROL  
CITY-ST-ZIP ~~3302 W UNIVERSITY AVE., STE C~~  
GAINESVILLE FL 32607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Crane, Donna  
STREET ADDRESS 4300 N.W. 23<sup>rd</sup> Av Suite 186  
CITY-ST-ZIP Gainesville FL 32606

TITLE ☒ Change ☐ Addition  
NAME LeBlanc, Carol  
STREET ADDRESS 4300 N.W. 23<sup>rd</sup> Av. Suite 186  
CITY-ST-ZIP Gainesville, FL 32606

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

Date

352-472-3600

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)