

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90223 014 \*\*\*150.00

**DOCUMENT #**

1. Entity Name  
*All Destinations Cruise & Travel Inc.*  
*P98000088247 ✓*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1907 SW 170<sup>th</sup> St.*

3. Mailing Address  
*4300 N.W. 23<sup>rd</sup> Av.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*#186*

DO NOT WRITE IN THIS SPACE

City & State  
*Newberry, FL.*

City & State  
*Gainesville, FL.*

4. FEI Number  
*59-3538161*

Applied For  
Not Applicable

Zip Country  
*32669 USA*

Zip Country  
*32606 USA*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Carol E. LeBlanc*  
Street Address (P.O. Box Number is Not Acceptable)  
*1907 S.W. 170<sup>th</sup> St.*

City  
*Newberry* **FL** Zip Code  
*32669*

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 *Carol E. LeBlanc*  
Signature, typed or printed name of registered agent and title if applicable.

DATE  
*4/29/2002*

(NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President, Pres. Donna Strawn 4300 N.W. 23<sup>rd</sup> Av. #186 Gainesville FL 32606</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President, Secretary Carol E. LeBlanc 1907 S.W. 170<sup>th</sup> St. <del>Gainesville</del> FL 32669 Newberry</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol E. LeBlanc*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
*4/29/2002*

Daytime Phone #  
*352 219-9077*