

**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 S.W. 170th St.

Suite, Apt. #, etc.

3. Mailing Address

4300 N.W. 23rd Av.

Suite, Apt. #, etc.

#186

City & State

Newberry, FL.

City & State

Gainesville, FL.

Zip

32669

Country

USA

Zip

32606

Country

USA

4. FEI Number

59-3538161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**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. 170th 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.

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

4/29/2002

DATE

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: President, Pres.
NAME: Donna Strawn
STREET ADDRESS: 4300 N.W. 23rd Av. #186
CITY-ST-ZIP: Gainesville FL 32606

TITLE: Vice President, Secretary
NAME: Carol E. LeBlanc
STREET ADDRESS: 1907 S.W. 170th St.
CITY-ST-ZIP: Gainesville FL 32606

TITLE: Newberry

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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

4/29/2002

Date

Daytime Phone #

352 219-9077
32669