

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90037 045 ***150.00

DOCUMENT # P98000106861

1. Entity Name

AMERICAN TOURISM PROMOTION, INC.

Principal Place of Business

**101 MAIN STREET
 SUITE B
 SAFETY HARBOR FL 34695**

Mailing Address

**101 MAIN STREET
 SUITE B
 SAFETY HARBOR FL 34695**

2. Principal Place of Business

1710 Drew Street

3. Mailing Address

PO Box 4358

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite I

City & State

Clearwater

City & State

Clearwater

Zip

33765

Country

US

Zip

33758

Country

US

4. FEI Number

59-3548330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, ROBERT M
 101 MAIN ST.
 STE B
 SAFETY HARBOR FL 34695**

*NAME
 misspelled*

Name

Robert M. Weldon

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 BERGE, HENRI M
 101 MAIN STREET
 SAFETY HARBOR FL 34695** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1710 Drew St, Ste I
 Clearwater, FL 33765** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

HENRI M. BERGE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/01
 Date

467-4200
 Daytime Phone #

CR2E034 (10/00)

0557377