

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90110 006 \*\*\*158.75

0128054 AT

**DOCUMENT # P99000012015**

**1. Entity Name**  
**SEVEN ELEVEN TOURS FLORIDA, INC.**

**Principal Place of Business**  
**5642 CORTEZ RD. WEST**  
**BRADENTON FL 34210**

**Mailing Address**  
**5642 CORTEZ RD. WEST**  
**BRADENTON FL 34210**

**2. Principal Place of Business**

**Suite, Apt. #, etc.**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**Bradenton FL**

**Zip**

**34210**

**Country**

**City & State**

**Bradenton FL**

**Zip**

**34210**

**Country**

**4. FEI Number**

**65-0908466**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**X**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHORPP, GLORIA**  
**208 MAGNOLIA AVE.**  
**ANNAMARIE FL 34216**

**7. Name and Address of New Registered Agent**

**Name: GORMAN, William**

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

**3200 COQUINA Esplanade**

**City: Punta Gorda**

**FL**

**33950**

**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**

**William GORMAN**

**Aug. 23, 2001**

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 \$550.00-150.**  
**After September 12, 2001 Fee will be \$750.00**  
**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** **PD** ☐ Delete  
**NAME** **HAAS, JULIUS**  
**STREET ADDRESS** **515 BROAD HOLLOW RD.**  
**CITY-ST-ZIP** **MELVILLE NY 11747**

**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**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** **EXECUTIVE VICE PRESIDENT** ☐ Change ☒ Addition  
**NAME** **PATRICIA J. Shore**  
**STREET ADDRESS** **44 MARYLIN CT.**  
**CITY-ST-ZIP** **W. BABYLON NY. 11704**

**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

Date

Daytime Phone #

CR2E034 (5/01)



Attachment  
# P99000012015  
A0830B

515 Broad Hollow Road  
Melville, New York 11747  
631-454-9200  
1-800-645-0711  
Fax: 631-454-9148  
e-mail: travel@atyour servicetravel.com  
www.atyour servicetravel.com

Aug. 23, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

RE; Doc. # P99000012015  
Seven Eleven Tours Florida, Inc.

To whom it may concern:

Please note I have enclosed the UBR for the above mentioned document number along with filing fee of \$158.75. We never received the first report with the due date of May 2001 and would appreciate it if you kindly waived the late file fee.

If there is anything further required please do not hesitate to contact me at the above number extension 137.

Thank you for your understanding in this matter.

Sincerely,  
AT YOUR SERVICE TRAVEL CO.

Patricia J. Shore  
Executive Vice President

PS/jl  
encs: