

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025571

1. Entity Name

TOUR GUARD INTERNATIONAL, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90043 034 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 470506
CELEBRATION FL 34747

P.O. BOX 470506
CELEBRATION FL 34747-0506

2. Principal Place of Business

21 FLETCHER COURT

3. Mailing Address

21 FLETCHER COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALE COAST, FL

City & State

PALE COAST, FL

Zip

32137

Country

US

Zip

32137

Country

US

4. FEI Number

59-3564301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD., #211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

LEWIS, C. CRAIG

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

21 FLETCHER COURT

City

PALE COAST

FL

Zip Code

32137

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

3-23-00

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, 2000 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 D
NAME LEWIS, C. CRAIG ☐ Delete
STREET ADDRESS P.O. BOX 470506
CITY-ST-ZIP CELEBRATION FL 34747

TITLE D
NAME KAHN, BARRY A ☐ Delete
STREET ADDRESS P.O. BOX 470506
CITY-ST-ZIP CELEBRATION FL 34747

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 D ☒ Change ☐ Addition
NAME LEWIS, C. CRAIG
STREET ADDRESS 21 FLETCHER CT.
CITY-ST-ZIP PALE COAST, FL 32137

TITLE D ☒ Change ☐ Addition
NAME KAHN, BARRY A.
STREET ADDRESS 13714 ALESBURY CT.
CITY-ST-ZIP JACKSONVILLE, FL 32224

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

Daytime Phone #

964-451-7778

CR2E034 (9/99)