

2001 UNIFORM BUSINESS REPORT (UBR)

0050354

DOCUMENT # P99000035623

1. Entity Name:

JOURNEY PASS INC.

GTI membership Services, Inc.

Principal Place of Business

Mailing Address

2300 MAITLAND CENTER PARKWAY, SUITE 140
MAITLAND FL 32751

2300 MAITLAND CENTER PARKWAY, SUITE 140
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORTZ, ALBERT W
2255 GLADES RD, SUITE 340 W
BOCA RATON FL 33431

Name

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.

(NOT)

Registered Agent's 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 ☐ Delete
NAME D
STREET ADDRESS WARREN, RANDALL J
CITY-ST-ZIP 2300 MAITLAND CENTER PARKWAY, SUITE 140
MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME 400004217174-0
STREET ADDRESS -05/15/01--01072--015
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME D
STREET ADDRESS GROSS, MICHAEL A
CITY-ST-ZIP 2300 MAITLAND CENTER PARKWAY, SUITE 140
MAITLAND FL 32751

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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

CBO

4/23/01

Date

407-718-9000

Daytime Phone #

DO NOT WRITE IN THIS SPACE



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (10/00)