## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 24, 2000 8:00 am DOCUMENT # P99000035645 Secrétary of State Journeys More Than A Destination, Inc. 07-24-2000 90007 042 \*\*\*150.00 Principal Place of Business Mailing Address 816 Shore Dr A0068658 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip \$8:75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. er ie Not Acceptable) forth PalmBeach, T City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS iorth Palubeach Horido CITY-ST-ZIP Change ☐ Addition arbara Jeanne Atribute NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP ☐ Change ☐ Addition TITLE 🗖 Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS 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

with all other like empowered



June 5, 2000

Division of Corporations
State of Florida
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: JOURNEYS MORE THAN A DESTINATION INC. FEI Number 65-0927365

Dear Sir or Madam;

I am the owner of the above-mentioned corporation. I seem to recall that the annual Uniform Business Report is due by May 1 of each year. To date, I have not received my renewal notice and became concerned.

After a phone call to the Division of Corporations, I was advised to send in the appropriate fee of \$150.00 for renewal and request another form be sent to me. Therefore, please find enclosed my check for \$150.00 to renew my corporate status. I can assure you that there have been no changes with regard to officers/directors, registered agent or location of business. My FEI number is 65-0927365.

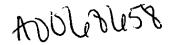
Please handle my renewal payment accordingly and if necessary, send me another renewal notice.

Sincerely,

Pătricia Unruh President/Director

Enclosure

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 6, 2000

JOURNEYS MORE THAN A DESTINATION, INC. 816 SHORE DRIVE NORTH PALM BEACH, FL 33408

SUBJECT: JOURNEYS MORE THAN A DESTINATION INC.

Ref. Number: P99000035645

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

PLease return all attached documents within the 30 day time period to avoid any penalty fees.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel Document Specialist

Letter Number: 100A00037482