

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000052378**

1. Entity Name

Wayne Touring, Inc.

Principal Place of Business

Mailing Address

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

05-13-2000 90009 015 ***150.00

60089732

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15 South Orange Ave
Suite, Apt. #, etc.

3. Mailing Address

15 South Orange Ave
Suite, Apt. #, etc.

City & State

Orlando FLORIDA

City & State

Orlando FLORIDA

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

59-3571713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Jeff Hanson
15 South Orange Ave.
Orlando FL 32801

7. Name and Address of New Registered Agent

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

Jeff Hanson
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, 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

STREET ADDRESS

CITY ST ZIP

TITLE

STREET ADDRESS

CITY ST ZIP

TITLE

STREET ADDRESS

CITY ST ZIP

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CITY ST ZIP

TITLE

STREET ADDRESS

CITY ST ZIP

☐ Delete

Rodney Reaves
15 South Orange Ave.
Orlando FL 32801

☐ Delete

Jon Hornsby
15 South Orange Ave.
Orlando FL 32801

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Rusty Smith
15 South Orange Ave.
Orlando FL 32801

☐ Delete

Michael Swan
15 South Orange Ave.
Orlando FL 32801

☐ Delete

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 407 422 5900

CR2E034 (9/99)