

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90649 050 ***150.00

DOCUMENT # P99000070625

1. Entity Name
CLASSIC MANAGEMENT & TRAVEL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4343 US HWY 27 SOUTH

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLERMONT, FLORIDA

City & State

Zip
34711

Country
USA

Zip

Country

4. FEI Number

59-3592015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANTHONY N BROWN

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

1239 US HWY 27 SOUTH

City

CLERMONT,

FL

Zip Code

34711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anthony Brown*

1/8/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
BROWN, ANTHONY N.
1239 US HWY 27 SOUTH
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
BROWN, MARGARET V.
1239 US HWY 27 SOUTH
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PLEASE DELETE
DIRECTOR: WHEATLY, ADRIAN P
4343 US HWY 27 SOUTH
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR: WHEATLY, ALISON
4343 US HWY 27 S.
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WE DID NOT RECEIVE OUR UBR
THAT IS WHY WE ARE FILING A
BLANK FORM, Including Our Info.**

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/03

Daytime Phone #

CR2E034B (12/02)