

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079535

1. Entity Name

FLORIDA CRUISE AND TRAVEL WORLD, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90043 045 ***150.00

Principal Place of Business

Mailing Address

4145 WEST VINE STREET
KISSIMMEE FL 34741

4145 WEST VINE STREET
KISSIMMEE FL 34741-4542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, RICHARD C
2941 PEMBRIDGE STREET
KISSIMMEE FL 34747

Name

LAWRENCE RICHARD C

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

9708 AVALON WOODS DRIVE

City

WINTER GARDEN

FL

Zip Code

34787

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, RICHARD C	
STREET ADDRESS	2941 PEMBRIDGE STREET	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, HAYRIYE	
STREET ADDRESS	2941 PEMBRIDGE STREET	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE RICHARD C	
STREET ADDRESS	9708 AVALON WOODS DRIVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE HAYRIYE	
STREET ADDRESS	9708 AVALON WOODS DRIVE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C LAWRENCE

4/4/2000

Date

407/931-2788

Daytime Phone #

CR2E034 (9/99)