

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097321

1. Entity Name

INTERNATIONAL TROLLEY AND TRAIN MUSEUM, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90036 012 \*\*\*150.00

975139



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
8990 INTERNATIONAL DRIVE  
ORLANDO FL 32819

Mailing Address  
8990 INTERNATIONAL DRIVE  
ORLANDO FL 32819

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3607056** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**PRIORE, JOSEPH V**  
**4901 N. FEDERAL HIGHWAY**  
**SUITE 440**  
**FORT LAUDERDALE FL 33308**

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 \_\_\_\_\_ (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, 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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GUSTAFSON, THOMAS F</b>		NAME		
STREET ADDRESS	<b>4901 N. FEDERAL HIGHWAY SUITE 440</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 32819</b>		CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOB SCHUSTER</b>		NAME		
STREET ADDRESS	<b>9970 WAUDERWOOD CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32835</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Bob Schuster (D) **BOB SCHUSTER** 4-30-01 407-363-9002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (10/00)