

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111797

1. Entity Name
FAME TOURS, INC.

Principal Place of Business

220 OLIVEWOOD CT.
KISSIMMEE FL 34743

Mailing Address

220 OLIVEWOOD CT.
KISSIMMEE FL 34743

2. Principal Place of Business

3700 Fame Ct.

Suite, Apt. #, etc.

3. Mailing Address

3700 Fame Ct.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee

4. FEI Number

59-3621975

Applied For

Not Applicable

Zip

34744

Country

U.S.

Zip

FL

Country

34744

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

WITHROW, JACK
220 OLIVEWOOD CT.
KISSIMMEE FL 34743

Name

Barbara Withrow

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

3700 Fame Ct.

City

Kissimmee

FL

Zip Code

34744

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

Barbara M. Withrow

3/16/01

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, 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 P
NAME WITHROW, JACK
STREET ADDRESS 220 OLIVEWOOD CT.
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P Withrow, Jack P
NAME 3700 Fame Ct.
STREET ADDRESS Kissimmee, FL 34744 ☐ Change ☐ Addition

TITLE v.p. Withrow, Barbara M.
NAME 3700 Fame Ct.
STREET ADDRESS Kissimmee, FL 34744 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jack P. Withrow President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/01

Daytime Phone #

407-348-3334



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)