

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26123

1. Entity Name

PREMIUM TRAVEL OF NAPLES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90172 042 \*\*\*150.00

Principal Place of Business

THE OAKS SHOPPING CENTER  
2236 TAMiami TRAIL NORTH  
NAPLES FL 34103  
US

Mailing Address

OCEAN REEF  
7 SUNRISE CAY DRIVE  
KEY LARGO FL 33037-5301

2. Principal Place of Business

3. Mailing Address

THE OAKS SHOPPING CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

4. FEI Number

65-0235276

Applied For

Not Applicable

Zip

Country

34103

Country

USA

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

RELIABLE AGENTS, INC.  
801 BRICKELL AVENUE  
SUITE 1100  
MIAMI FL 33131

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, JOHN C	
STREET ADDRESS	2236 TAMiami TRAIL N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	CHM	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, THOMAS N	
STREET ADDRESS	2236 TAMiami TRAIL N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, DEBRA S.	
STREET ADDRESS	2236 TAMiami TRAIL N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, CHARLES M.	
STREET ADDRESS	2236 TAMiami TRAIL N.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY J MELICHELLA	
STREET ADDRESS	2236 TAMiami TR. N.	
CITY-ST-ZIP	NAPLES, FL 34103	
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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

941-435-7997

CR2E034 (9/99)