

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90880 044 \*\*\*150.00

0012185 AV

**DOCUMENT # S51346**

1. Entity Name

**ADVENTURES IN TRAVEL, INC.**

Principal Place of Business

**1420 MASON AVE  
 STE F  
 DAYTONA BEACH FL 32117-5507  
 US**

Mailing Address

**1420 MASON AVE  
 STE F  
 DAYTONA BEACH FL 32117-5507  
 US**



DO NOT WRITE IN THIS SPACE

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 **59-3064373**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRELL KATHERYN  
 61-B N ST ANDREWS DR  
 ORMOND BEACH FL 32174**

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

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating).

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, 2002 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

TITLE **DP** ☐ Delete  
 NAME **KELLY, HENRY T.**  
 STREET ADDRESS **100 SILVER BEACH AVE.**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **DST** ☐ Delete  
 NAME **MORRELL, KATHERYN**  
 STREET ADDRESS **61-B N ST ANDREWS DR**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **DVP** ☐ Delete  
 NAME **POWERS, JULIE**  
 STREET ADDRESS **641 YUPON STREET**  
 CITY-ST-ZIP **NEW SMYRNA BCH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DST** ☒ Change ☐ Addition  
 NAME **Morrell, Katheryn**  
 STREET ADDRESS **3172 South Peninsula Drive**  
 CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **DVP** ☒ Change ☐ Addition  
 NAME **POWERS, Julie**  
 STREET ADDRESS **652 Wellesley Ct.**  
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

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

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

TITLE ☐ Change ☐ 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:

**Kathy Morrell**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-02**

Date

**386 274-2557**

Daytime Phone #

CR2E034 (9/01)