

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-10-2000 90076 027 ***150.00

DOCUMENT # S60866

1. Entity Name

RESORT SHUTTLE, INC.

Principal Place of Business

5700 SADDLEBROOK WAY
TRANSPORTATION DESK
WESLEY CHAPEL FL 33543-4499

Mailing Address

P.O. BOX 1305
TARPOON SPRINGS FL 34688-1305
US

2. Principal Place of Business

11901 30th Court North
Suite, Apt. #, etc.

3. Mailing Address

11901 30th Court North
Suite, Apt. #, etc.

City & State

St Petersburg FL
Zip 33716 Country

City & State

St Petersburg FL
Zip 33716 Country

4. FEI Number

59-3071686

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOUPPE, BYRON C., JR.
11901 30TH CT. NORTH
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name

Kenneth K. Klinker

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

11901 30th Court North

City

St Petersburg

FL

Zip Code 33716

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

Kenneth K. Klinker
Controller

3/23/00

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

TITLE PC
NAME SHOUPPE, BYRON C., JR.
STREET ADDRESS 100 SADDLEBROOK WAY
CITY-ST-ZIP WESLEY CHAPEL FL

☒ Delete

TITLE STD
NAME SHOUPPE, STARIN B.
STREET ADDRESS 100 SADDLEBROOK WAY
CITY-ST-ZIP WESLEY CHAPEL FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME R Brian Wier
STREET ADDRESS 4636 S 35th street
CITY-ST-ZIP Phoenix AZ 85040

☐ Change

☒ Addition

TITLE S T
NAME Thomas C LaVoy
STREET ADDRESS 4636 S 35th street
CITY-ST-ZIP Phoenix AZ 85040

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas C LaVoy
Thomas C LaVoy
CFO

4/24/00 727 572 1111

6-19-00
602-685-6962

CR2E034 (9/99)