

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62894

1. Entity Name

EDUCATIONAL TRAVEL FOR EVERYONE, INC.

Principal Place of Business

3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308

Mailing Address

3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BUTLER, NEIL H.
322 BEARD STREET
TALLAHASSEE FL 32302

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)

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	<input type="checkbox"/> Delete
NAME	WACKSMAN, JAMES F	
STREET ADDRESS	3380 CAPITAL CIR NE, #2	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	C	<input type="checkbox"/> Delete
NAME	KEEN, J VELMA II	
STREET ADDRESS	504 SWEETWATER CLUB CIR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, M LANCE	
STREET ADDRESS	302 3RD ST, #1	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANCESCHI, LEE ANN	
STREET ADDRESS	2909 IVANHOE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WACKSMAN, CATHY	
STREET ADDRESS	2644 STONEGATE WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEEN, SHARON	
STREET ADDRESS	504 SWEETWATER CLUB CIR	
CITY-ST-ZIP	LONGWOOD FL	

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	
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Wacksmann

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90087 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)