

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90165 006 ***150.00

0421144

DOCUMENT # S68058

1. Entity Name

SEVEN HILLS TRAVEL SERVICE, INC.

Principal Place of Business

**11202 SPRING HILL DRIVE
SPRING HILL FL 34609**

Mailing Address

**11202 SPRING HILL DRIVE
SPRING HILL FL 34609**

2. Principal Place of Business

11003 Spring Hill Dr.

3. Mailing Address

11003 Spring Hill Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill FL

City & State

Spring Hill FL

4. FEI Number

59-3078685

Applied For

Not Applicable

Zip

34608

Country

USA

Zip

34608

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

MILNER, ANNE M

**11202 SPRING HILL DRIVE
SPRING HILL FL 34609**

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

4-6-01

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 **DPC** ☐ Delete
NAME **MILNER, ANNE M**
STREET ADDRESS **4284 COLUMBUS DR**
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

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

TITLE **DTS** ☐ Delete
NAME **WILKINSON, FRANCIS J.**
STREET ADDRESS **8042 CHAUCER DR**
CITY-ST-ZIP **SPRING HILL FL**

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

TITLE **DV** ☐ Delete
NAME **WILKINSON, MARY E**
STREET ADDRESS **8042 CHAUCER DR**
CITY-ST-ZIP **SPRING HILL FL**

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

TITLE **D** ☐ Delete
NAME **MILNER, KEVIN**
STREET ADDRESS **4284 COLUMBUS DR**
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-01 (352) 688-7700

CR2E034 (10/00)