

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69179

1. Entity Name  
SUNCOAST TRAVEL AGENCY, INC.

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90319 006 \*\*\*150.00

Principal Place of Business  
2032 S RIDGEWOOD AVE  
S2  
SOUTH DAYTONA FL 32119  
US

Mailing Address  
2032 SO RIDGEWOOD AVENUE  
2  
SOUTH DAYTONA FL 32119  
US

00030745



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ~~50-8074803~~  
59-3661591  
Applied For  
Not Applicable

Zip Country Zip Country

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

JACKSON, JOHN C.  
767 HUNT CLUB TRAIL  
PORT ORANGE FL 32127

IRENE M. EDDY

Name IRENE M. EDDY  
Street Address (P.O. Box Number is Not Acceptable)  
532 HAMLET DRIVE  
City PORT ORANGE FL Zip Code 32127

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 Irene M. Eddy DATE March 30, 2001  
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, 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 D JACKSON, JOHN C. ☒ Delete  
NAME  
STREET ADDRESS 767 HUNT CLUB TRAIL  
CITY-ST-ZIP PORT ORANGE FL

TITLE D IRENE M. EDDY ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 532 HAMLET DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D JACKSON, DOROTHY G. ☒ Delete  
NAME  
STREET ADDRESS 767 HUNT CLUB TRAIL  
CITY-ST-ZIP PORT ORANGE FL

TITLE D DANIEL E. EDDY ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 532 HAMLET DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

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

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: Irene M. Eddy DATE March 30, 2001 DAYTIME PHONE # (386) 767-6066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006550

CR2E034 (10/00)