2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$92902 Sep 05, 2000 8:00 am Secretary of State 1. Entity Name LEHIGH ACRES TRAVEL, INC. 09-05-2000 90045 001 ***150.00 Principal Place of Business Mailing Address 1107 HOMESTEAD RD. 1107 HOMESTEAD RD. LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 MUULOODA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0291619 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ BAKER, TAMI Street Address (P.O. Box Number is Not Acceptable) 914 HENRY AVE **LEHIGH ACRES FL 33936** Zip Code City FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete ☐ Change Addition DITLE TITLE BAKER, TAMI NAME NAME 914 HENRY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE CHAMPION, DONALD NAME NAME **520 CLAYTON AVE** STREET ADDRESS STREET ADDRESS **LEHIGH ACRES FL 33936** CITY-ST-ZIP CITY-ST-ZIP □ Change Addition_ TITLE ☐ Delete _ TITLE CHAMPION, DIANE NAME NAME STREET ADDRESS 520 CLAYTON AVE STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Mustee 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:

Daytime Phone #

WHAICHMENT NOC# 272402 AU075350

August 28, 2000

RE:Lehigh Acres Travel, Inc. FIN# 65-0291619

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302

Dear Sir or Madam,

This is in response to a second notice I received concerning the late filing of my annual corporate report. I have never received the first notice to file. It is not my intentions to file anything late but to file in a timely manner I must be notified to do so in a timely manner. Please check your records and make sure that the first notice was indeed mailed and mailed to the correct address.

Enclosed please find a check for the original filing fee of \$ 150.00 and the annual report for 2000. Please accept this as our renewal for the current year. If there should be any complications concerning this please inform me as soon as possible.

Thank You

Diane Champion

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