

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90087 004 ***150.00

DOCUMENT # V17542

1. Entity Name

VOYAGER SERVICE PROGRAMS, INC.



Principal Place of Business

260 INTERSTATE NORTH CIRCLE, NW
ATTN: LEGAL DEPT 7TH FLOOR
ATLANTA GA 30339-2111

Mailing Address

801 CHERRY ST.
FT WORTH TX 76102

2. Principal Place of Business

3. Mailing Address

260 INTERSTATE NORTH CIRCLE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: LEGAL DEPT 7TH FLOOR

City & State

City & State

ATLANTA, GA

Zip

Country

Zip

Country

30339

4. FEI Number

59-3110220

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE KLOTZ, KEVIN R 11222 QUAIL ROOST DRIVE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMMIN, ADAM 11222 QUAIL ROOST DRIVE MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEGGEN, ARTHUR W 11222 QUAIL ROOST DR MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEIER, KEITH 14025 RIVEREDGE DRIVE, SUITE 400 TAMPA FL 33637	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTELO, ENRIQUE L. 11222 QUAIL ROOST DRIVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, MARK A 110 WEST SEVENTH STREET FT. WORTH FL 76102	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST OF OFFICERS & DIRECTORS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2003

Date

(877) 881-8578

Daytime Phone #

CR2E034 (10/02)

Attachment 70033547
117542

VOYAGER SERVICE PROGRAMS, INC.

List of Officers and Directors

PRINCIPAL OFFICE ADDRESS: 260 INTERSTATE NORTH CIRCLE, NW, ATLANTA, GA 30339

Name	Title	Business Address
Arthur W. Heggen	Secretary	11222 Quail Roost Drive, Miami, FL 33157
P. Bruce Camacho	Vice President	11222 Quail Roost Drive, Miami, FL 33157
Enrique L. Castelo	Treasurer	11222 Quail Roost Drive, Miami, FL 33157
Ray R. Sákowski	Senior Vice President	11222 Quail Roost Drive, Miami, FL 33157
Keith Meier	Vice President	14025 Riveredge Drive, Suite 400, Tampa, FL 33637
Mark Cooper	Vice President	260 Interstate North Circle, NW, Atlanta, GA 30339
Vicki Chulock	Vice President	11222 Quail Roost Drive, Miami, FL 33157
DIRECTORS		
Arthur W. Heggen	Director	11222 Quail Roost Drive, Miami, FL 33157
Adam Lamnin	Director	11222 Quail Roost Drive, Miami, FL 33157
Keith Meier	Director	14025 Riveredge Drive, Suite 400, Tampa, FL 33637
Manuel Becerra	Director	11222 Quail Roost Drive, Miami, FL 33157