

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35314

1. Entity Name
CROWN FLORIDA TOURS, INC.

Principal Place of Business
7061 GRAND NATIONAL DR
STE 119
ORLANDO FL 32819
US

Mailing Address
7061 GRAND NATIONAL DR
STE 119
ORLANDO FL 32819
US

2. Principal Place of Business

7061 Grand National Dr
Suite, Apt. #, etc.
Suite # 119

City & State
Orlando, FL

Zip
32819
Country
Orange

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32819
Country
Orange

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90018 009 ***150.00

902143



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3123796

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOSE CARLOS
7061 GRAND NAT'L DR
STE 119
ORLANDO FL 32819

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, 2002 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

TITLE P
NAME GARCIA, JOSE CARLOS
STREET ADDRESS 7061 GRAND NAT'L DR, STE 119
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE M
NAME MARIN, LUZ ENITH
STREET ADDRESS 5655 OAK HILL MANOR DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE P
NAME GARCIA, JOSE/CARLOS
STREET ADDRESS 3010 LAZLO LN
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Jan 7/02 404 351-5588
Date Daytime Phone #

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CR2E034 (9/01)