

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42982

1. Entity Name

BAY PINES TRAVEL, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90147 038 ***150.00

Principal Place of Business

Mailing Address

9653 BAY PINES BLVD
 ST PETERSBURG FL 33708

9653 BAY PINES BLVD
 ST PETERSBURG FL 33708-3755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3127688**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EKIN, DEBORAH T
 6639 EMERSON AVE SOUTH
 ST PETERSBURG FL 33707

Name

Deborah T. Elgin

Street Address (P.O. Box Number is Not Acceptable)

6639 Emerson Ave. South

City

St. Petersburg

FL

Zip Code
33707

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

Deborah Elgin

Deborah Elgin President

4/26/00

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, 2000 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 **V** ☐ Delete
 NAME **BURKETT, BARBARA L**
 STREET ADDRESS **9501 VONN RD**
 CITY-ST-ZIP **SEMINOLE FL 33776**

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

TITLE **V** ☐ Delete
 NAME **BURKETT, FRANK S JR**
 STREET ADDRESS **9501 VONN RD**
 CITY-ST-ZIP **SEMINOLE FL 33776**

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

TITLE **P** ☐ Delete
 NAME **ELGIN, DEBORAH T**
 STREET ADDRESS **6639 EMERSON AVE S**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

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

TITLE **V** ☐ Delete
 NAME **FOLEY, MICHAEL J**
 STREET ADDRESS **30413 FAIRWAY DR**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

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

TITLE **T** ☐ Delete
 NAME **SPARKS, ANTHONY S**
 STREET ADDRESS **378 PIERCE ST**
 CITY-ST-ZIP **GILBERTS IL 60136**

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

TITLE **S** ☐ Delete
 NAME **FOLEY, CHERYL A**
 STREET ADDRESS **30413 FAIRWAY DR**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

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

Deborah Elgin President

Date

Daytime Phone #

4/26/00

CR2E034 (9/99)