## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 27, 2001 08:00 AM DOCUMENT # V54861 Entity Name **Secretary of State** FAIRWINDS TRAVEL AND TOURS, INC. Principal Place of Business Mailing Address 2032 58TH AVENUE 2032 58TH AVENUE VERO BEACH FL VERO BEACH FL 32966 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0351407 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GADDY ROBERT 5301 SUSON LANE Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL34951 US 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. ROBERT S GADDY 03/27/2001 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 FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete TITLE CR2E034 (11/00) ☐ Addition MICHELE L MAME GADDY NAME 5301 SUSON LANE STREET ADDRESS STREET ADDRESS FT. PIERCE CITY-ST-ZIP FL 34951 CITY-ST-ZIP VP ☐ Delete TITLE X Change NAME GADDY ROBERT NAME GADDY MICHELE STREET ADDRESS 5301 SUSON LANE STREET ADDRESS 5301 SUSON LANE CITY-ST-ZIP FT. PIERCE FL 34951 CITY-ST-ZIP FT. PIERCE FL34951 Delete TITLE X Change ☐ Addition GADDY ROBERT NAME GADDY ROBERT STREET ADDRESS 5202 FEATHERCREEK PARKWAY STREET ADDRESS 5301 SUSON LANE CITY-ST-ZIP FT. PIERCE 34951 CITY-ST-ZIP FT. PIERCE FL. 34951 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

03/27/2001

Date

Daytime Phone #

Robert S Gaddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_