2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001893

1. Entity Name

TRAVELERS REST ACTIVITIES GROUP, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State
04-11-2000 90030 037 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
29129 JOHNSTON ROAD DADE CITY FL 33523	29129 JOHNSTON ROAD DADE CITY FL 33523-6128

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 59-3605060 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZITZER, EDMUND F
29129 JOHNSTON ROAD
DADE CITY FL 33523

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZITZER, EDMUND F 29129 JOHNSTON ROAD #21-24 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOSS, JIM 29129 JOHNSTON ROAD #2549 DADE CITY FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEDERSEN, DOUGLAS 29129 Johnston Road #10-3 DADE CITY, FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HODGE, JOHN 29129 JOHNSTON ROAD #2614 DADE CITY FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, JERI 29129 Johnston Road #11-25 DADE CITY, FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SUTHERLAND, JUNE 29129 JOHNSTON ROAD #2552 DADE CITY FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARTER, MARGARET 29129 Johnston Road #4-4 Dade City, FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FREELAND, ROBERT 29129 JOHNSTON ROAD #4-15 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, MICKY 29129 JOHNSTON ROAD #2538 DADE CITY FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEWER, NORMAN 29129 Johnston Road #12-3 DADE CITY, FL 33523	☐ Change ☒ Addition

CR2E037 (9/99)

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 617, 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: Margaret Carter TYPED Margaret Carter 3/31/00 352-588-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #