2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
04-14-2001 90023 042 ****61.25

DOCUMENT # N99000001893

1. Entity Name

TRAVELERS REST ACTIVITIES GROUP, INC.

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

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
ZITZER, EDMUND F 29129 JOHNSTON ROAD DADE CITY FL 33523	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

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 PEDERSEN, DOUGLAS 29129 JOHNSTON ROAD 10-3 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, JERI 29129 JOHNSTON ROAD 11-25 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARTER, MARGARET 29129 JOHNSTON ROAD DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 HEWER, NORMAN 29129 JOHNSTON ROAD 12-3 DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition

CR2E037 (10/00)

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: Edmund Zitzer SIGNATURE REQUIRED Edmund Zitzer 4/6/01 352-588-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#N99000 01893
945209

JOSEPH HAINES, DIRECTOR
29129 JOHNSTON ROAD #9-10
DADE CITY, FL 33523

CLARENCE TAYLOR, DIRECTOR
29129 JOHNSTON ROAD #8-1
DADE CITY, FL 33523

WILLIS SPEIRS, DIRECTOR
29129 JOHNSTON ROAD #9-01
DADE CITY, FL 33523