

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012682

1. Entity Name
TRAVEL AMERICA, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90023 020 ***550.00

Principal Place of Business
900 FOX VALLEY DRIVE STE 202
LONGWOOD FL 32779

Mailing Address
900 FOX VALLEY DRIVE STE 202
LONGWOOD FL 32779

2. Principal Place of Business
400 MAGNOLIA OAK CT.
Suite, Apt. #, etc.

3. Mailing Address
400 MAGNOLIA OAK CT.
Suite, Apt. #, etc.

City & State
LONGWOOD, FLORIDA
Zip 32779 Country USA

City & State
LONGWOOD, FLORIDA
Zip 32779 Country USA

4. FEI Number 59-3497434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WINTER, NERY G
900 FOX VALLEY DRIVE STE 202
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name WINTER, NERY G.
Street Address (P.O. Box Number is Not Acceptable)
340 N. ORANGE AVE.
City ORLANDO FL Zip Code 32801

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]* DATE 07-10-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME WINTER, MANUEL
STREET ADDRESS 900 FOX VALLEY DR STE 202
CITY-ST-ZIP LONGWOOD FL 32779 NEW ADDR.

TITLE VD
NAME WINTER, NERY
STREET ADDRESS 900 FOX VALLEY DRIVE, STE 202
CITY-ST-ZIP LONGWOOD FL 32779 NEW ADDR.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-17-00 (407) 865-6798
Date Daytime Phone #