

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001893

1. Entity Name

TRAVELERS REST ACTIVITIES GROUP, INC.

Principal Place of Business

29129 JOHNSTON ROAD
DADE CITY FL 33523

Mailing Address

29129 JOHNSTON ROAD
DADE CITY FL 33523

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 PD ☐ Delete
NAME ZITZER, EDMUND F
STREET ADDRESS 29129 JOHNSTON ROAD #21-24
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE VD ☐ Delete
NAME PEDERSEN, DOUGLAS
STREET ADDRESS 29129 JOHNSTON ROAD 10-3
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE VD ☐ Delete
NAME MILLER, JERI
STREET ADDRESS 29129 JOHNSTON ROAD 11-25
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE SD ☐ Delete
NAME CARTER, MARGARET
STREET ADDRESS 29129 JOHNSTON ROAD
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE TD ☐ Delete
NAME FREELAND, ROBERT
STREET ADDRESS 29129 JOHNSTON ROAD #4-15
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE D ☐ Delete
NAME HEWER, NORMAN
STREET ADDRESS 29129 JOHNSTON ROAD 12-3
CITY-ST-ZIP DADE CITY FL 33523

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01
Date

352-588-2013
Daytime Phone #

CR2E037 (10/00)

Attachment
#19900001893
945209

TRAVELERS REST BOARD OF DIRECTORS

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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