

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 337799

1. Entity Name

TIVOLI TRAVEL SERVICE INC

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90151 023 \*\*\*150.00

Principal Place of Business

Mailing Address

811 E. LAS OLAS BLVD.  
FORT LAUDERDALE FL 33301

811 E. LAS OLAS BLVD.  
FORT LAUDERDALE FLA 33301-2265

2. Principal Place of Business

110 SE 6TH ST

3. Mailing Address

110 SE 6TH ST

Suite Apt. #, etc.

190

Suite Apt. #, etc.

190

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33301

Country

Zip

33301

Country

4. FEI Number

59-1278941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUDSON, HARRIS W.  
1080 SE 3RD AVE  
FT. LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 PD  
NAME HUDSON, BONNIE J.  
STREET ADDRESS 811 E LAS OLAS BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE SD  
NAME LABAUGH, ERIN O.  
STREET ADDRESS 811 E LAS OLAS BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 110 SE 6TH ST, SUITE 190 ☒ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 110 SE 6TH ST, SUITE 190 ☒ Change ☐ Addition  
CITY-ST-ZIP

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

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

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

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

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:

*Erin O. Labaugh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

954 463 3620

Daytime Phone #

CR2E034 (9/99)