

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 596985

1. Entity Name

THE TRAVEL CENTER OF TALLAHASSEE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90330 041 ***150.00

Principal Place of Business

703 N. MONROE ST.
TALLAHASSEE FL 32303

Mailing Address

703 N. MONROE ST.
TALLAHASSEE FL 32315-3607

2. Principal Place of Business

P.O. Box 3607, Tallahassee, FL 32315

3. Mailing Address

P.O. Box 3607, Tallahassee, FL 32315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32315

City & State

Tallahassee, FL 32315

4. FEI Number

59-1870111

Applied For

Not Applicable

Zip
32315

Country
USA

Zip
32315

Country
USA

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

QUINLY, CLIFTON W
703 N. MONROE ST
TALLAHASSEE, FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

3370 West Lakeshore Drive

City

Tallahassee

FL

Zip Code
32312

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 *Clifton W. Quinly, Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

1MAY2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	QUINLY, WILLIAM J.	
STREET ADDRESS	3370 W LAKESHORE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 0	
TITLE	VS	<input type="checkbox"/> Delete
NAME	QUINLY, WILLIAM J.	
STREET ADDRESS	3370 W LAKESHORE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 0	
TITLE	PD	<input type="checkbox"/> Delete
NAME	QUINLY, CLIFTON W.	
STREET ADDRESS	3370 W LAKESHORE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 0	
TITLE	TD	<input type="checkbox"/> Delete
NAME	QUINLY, EDITH C.	
STREET ADDRESS	4228 WOODHILL COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Clifton W. Quinly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1MAY2000

Date

850-385-3366

Daytime Phone #

CR2E034 (9/99)