

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732060

1. Entity Name

TRAVEL AGENTS ASSOCIATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90015 016 ****61.25

Principal Place of Business

Mailing Address

7563 PHILIPS HIGHWAY
SUITE 207
JACKSONVILLE FL 32256
US

7563 PHILIPS HIGHWAY
SUITE 207
JACKSONVILLE FL 32256-6838
US

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

59-2956436

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

FLETCHER, BILL
8160 BAYMEADOWS WAY WEST
SUITE 100
JACKSONVILLE FL 32256

Name

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

7563 PHILIPS HIGHWAY
SUITE 207

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 HART, JOHN
STREET ADDRESS 868 BLANDING BLVD.
CITY-ST-ZIP ORANGE PARK FL

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

TITLE TD ☐ Delete
NAME FLETCHER, BILL
STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 100
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7563 PHILIPS HIGHWAY, SUITE 207
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BUTLER, ELLEN
STREET ADDRESS 9143 PHILLIPS HWY., STE. 195
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE DS ☐ Delete
NAME ROHAN, BETTY
STREET ADDRESS 9825-33 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: *BILL FLETCHER* BEQBILFLETCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 APR 00 904-332-0401

Date

Daytime Phone #

CR2E037 (9/99)