

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90007 026 ***150.00

DOCUMENT # F80323

1. Entity Name

A TRAVEL PLACE, INC. OF DAYTONA BEACH

Principal Place of Business

Mailing Address

BEVILLE RD
BCH FL 32114-57561104-B BEVILLE RD
DAYTONA BCH FL 32114-5765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2193923**Applied For
Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

EGAN, MAXINE
1104-B BEVILLE RD
DAYTONA BEACH FL 32114

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 State10. 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	DP	<input type="checkbox"/> Delete
NAME	EGAN, MAXINE	
STREET ADDRESS	% 157 VALENCIA DR	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EGAN, CHRISTOPHER	
STREET ADDRESS	2220 MANOR AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	V SHARON	<input type="checkbox"/> Delete
NAME	MOSEMAN, SHARON	
STREET ADDRESS	157 VALENCIA DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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 *Maxine Egan* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*4-25-2000 (904) 255-4100*
Date Daytime Phone #