

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000635

1. Entity Name

TRAVEL EXPLORER'S, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90061 041 ***150.00

Principal Place of Business

7584 80TH ST. SOUTH
 COTTAGE GROVE MN 55016

Mailing Address

7584 80TH ST. SOUTH
 COTTAGE GROVE MN 55016-3100

2. Principal Place of Business

1409 Coulee Rd

3. Mailing Address

1409 Coulee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson, WI

City & State

Hudson, WI

Zip

54016

Country

US

Zip

54016

Country

US

4. FEI Number

41-1829579

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

HAZEN, PATRICIA
 724 MAINSAIL PL.
 NAPLES FL 34110

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
 NAME HESS-BEYER, DIANE
 STREET ADDRESS 314 HELEN ST. NORTH
 CITY-ST-ZIP HUDSON WI 54016 ☐ Delete

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

TITLE VT
 NAME DELFINO, DARLENE
 STREET ADDRESS 1951 IMPERIAL GOLF COURSE BLVD.
 CITY-ST-ZIP NAPLES FL 33942 ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Diane Hess-Beyer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

715-386-6222

Daytime Phone #

CR2E034 (9/99)