

# 2000 UNIFORM BUSINESS REPORT (UBR)

0589475

FILED

00 APR 28 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000001715

1. Entity Name

TRAVEL TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

% FRANCIS B. JACOBS II  
300 DELAWARE AVE. 9TH FL-DE 5403  
WILMINGTON DE 19801

% FRANCIS B. JACOBS II  
300 DELAWARE AVE. 9TH FL-DE 5403  
WILMINGTON DE 19801-1607

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

~~APPLIED FOR~~

Applied For

51-0388957

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

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

VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

4/27/00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALES, JILL 300 DELAWARE AVE, 9TH FL-DE 5403 WILMINGTON DE 19801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARAI, ROBERT J 300 DELAWARE AVE, 9TH FL-DE 5403 WILMINGTON DE 19801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MILLY F 300 DELAWARE AVE, 9TH FL-DE 5403 WILMINGTON DE 19801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JACOBS, FRANCIS B II 300 DELAWARE AVE, 9TH FL-DE 5403 WILMINGTON DE 19801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST KRAHNKE, KURT 300 DELAWARE AVE, 9TH FL-DE 5403 WILMINGTON DE 19801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Patrick Doyle 300 Delaware Avenue, 9th Floor-DE 5403 Wilmington, DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Suzanne B. Bell 300 Delaware Avenue, 9th Floor-DE 5403 Wilmington, DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, AS Linda Bubacz 300 Delaware Avenue, 9th Floor-DE 5403 Wilmington, DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, AT Joan L. Dobrzynski 300 Delaware Avenue, 9th Floor-DE 5403 Wilmington, DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003237076-3 -05/03/00--01074--015 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Suzanne B. Bell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

Daytime Phone #

CR2E034 (9/99)