

2000 UNIFORM BUSINESS REPORT (UBR)

0669474

DOCUMENT # F99000001792

1. Entity Name
TRAVEL MANAGEMENT CENTER, INC.

FILED

00 APR 28 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**300 DELAWARE AVENUE 9TH FL-DE 5403
WILMINGTON DE 19801** **300 DELAWARE AVENUE 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



DO NOT WRITE IN THIS SPACE

4. FEI Number **51-0388925** **APPLIED FOR** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City Zip Code
Plantation FL 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* **VICKY GOLDSTEIN**
Signature, typed or printed name of registered agent and title if applicable. **SPECIAL ASSISTANT SECRETARY**
(NOTE: Registered Agent signature required when reinstating)

DATE 4/27/00

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|----------------------|-----------------------------------|---------------|--|
| PTD | VALES, JILL | 300 DELAWARE AVE., 9TH FL-DE 5403 | WILMINGTON DE | <input checked="" type="checkbox"/> |
| VS | JACOBS II, FRANCIS B | 300 DELAWARE AVE., 9TH FL-DE 5403 | WILMINGTON DE | <input type="checkbox"/> |
| VAS | KRAHNKE, KURT | 300 DELAWARE AVE., 9TH FL-DE 5403 | WILMINGTON DE | <input checked="" type="checkbox"/> |
| D | MARAIST, ROBERT J | 300 DELAWARE AVE., 9TH FL-DE 5403 | WILMINGTON DE | <input type="checkbox"/> |
| D | SMITH, MILLY F | 300 DELAWARE AVE., 9TH FL-DE 5403 | WILMINGTON DE | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|--------------------|--|----------------------|---------------------------------|--|
| PTD | Patrick Doyle | 300 Delaware Avenue, 9th Floor-DE 5403 | Wilmington, DE 19801 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V | Suzanne B. Bell | 300 Delaware Avenue, 9th Floor-DE 5403 | Wilmington, DE 19801 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V, AS | Linda Bubacz | 300 Delaware Avenue, 9th Floor-DE 5403 | Wilmington, DE 19801 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V, AT | Joan L. Dobrzynski | 300 Delaware Avenue, 9th Floor-DE 5403 | Wilmington, DE 19801 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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* **Suzanne B. Bell** Date 4/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)