

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90001 044 ***150.00

DOCUMENT # **G65573**

1. Corporation Name

UNIGLOBE TLC TRAVEL, INC.

Principal Place of Business

**913 SOUTH PARSONS. STE. B
BRANDON FL 33511**

Mailing Address

**913 SOUTH PARSONS. STE. B
BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1983

4. FEI Number

59-2331809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**HAAS, LELAND E.
2502 COLLEGE HILL DR.
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAAS, NANCY A.	
STREET ADDRESS	2502 COLLEGE HILL DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAAS, LELAND E.	
STREET ADDRESS	2502 COLLEGE HILL DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSTON, DEBRA L.	
STREET ADDRESS	6039 VALLEY SPRING DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOHNSTON, WILLIAM C. III	
STREET ADDRESS	6039 VALLEY SPRING DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, SCOTT K.	
STREET ADDRESS	5304 SR 579	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, TIMOTHY L.	
STREET ADDRESS	626 PENN NATIONAL RD	
CITY-ST-ZIP	SEFFNER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy A. Haas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 (813) 685-5162

Date

Daytime Phone #

CR2E034 (1/98)