

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05960

1. Entity Name

TRAVEL PLUS NETWORK, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90080 001 \*\*\*750.00

Principal Place of Business

Mailing Address

~~XXXX EXECUTIVE WAY STE XXXX~~

~~XXXX EXECUTIVE WAY STE XXXX~~

P.O. BOX 410

P.O. BOX 410

PONTE VEDRA BCH. FL ~~32082~~

PONTE VEDRA BCH. FL ~~32082~~

1 4 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10033 Sawgrass Dr. W

3. Mailing Address

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

Ponte Vedra, FL

City & State

4. FEI Number

59-2447217

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

32004-0410

Country

USA

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

THOMAS N. KAY

~~XXXX 100 EXECUTIVE WAY~~

~~XXXX 100 EXECUTIVE WAY~~

~~XXXX 100 EXECUTIVE WAY~~

PONTE VEDRA BCH. FL 32082

Name

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

10033 Sawgrass Drive W. Suite 101

City

Ponte Vedra

FL

Zip Code

32082

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 ☐ Delete  
NAME KAY, THOMAS N.  
STREET ADDRESS ~~XXXX 100 EXECUTIVE WAY #110~~ 10033 Sawgrass Dr.  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082 W #101

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas N. Kay

Date

Daytime Phone #

904 285-5757

CR2F034 (9/99)