

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # H74961

1. Entity Name  
WORLD-WIDE TRAVEL NETWORK, INC.

FILED

02 FEB 25 PM 2:43

Principal Place of Business

Mailing Address

~~C/O LINDA HUGHES~~  
800 N MAGNOLIA AVE. SUITE 101  
ORLANDO FL 32803

~~C/O LINDA HUGHES~~  
800 N MAGNOLIA AVE. SUITE 101  
ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2571159

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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, 2002 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 HUGHES, LINDA N. 1551 LAUREL ROAD WINTER PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> HUGHES, DAVID H. 1551 LAUREL ROAD WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Thomas Morgan 20 N. Orange Ave., Ste. 200 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT J. Stephen Zepf 20 N. Orange Ave., Ste. 200 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Benjamin P. Butterfield 20 N. Orange Ave., Ste. 200 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT Jay Clark 20 N. Orange Ave., Ste. 200 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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

Date

Daytime Phone #

407-84-4755

CR2E034 (9/01)

20f2



ACCOUNT NO. : 072100000032

REFERENCE : 411833 7107686

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : February 22, 2002

ORDER TIME : 8:32 AM

ORDER NO. : 411833-005

CUSTOMER NO: 7107686

CUSTOMER: Laurie Bergstresser, Paralegal  
Hughes Supply, Inc.  
Suite 200  
20 North Orange Avenue  
Orlando, FL 32802-2273

RECEIVED  
02 FEB 25 AM 10:30  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
FALL AIA/SCF, IT (P)IDA

ANNUAL REPORT FILING

NAME: WORLD-WIDE TRAVEL NETWORK,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_