

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19913

1. Entity Name

PARK PLACE TRAVEL, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90157 027 ***158.75

Principal Place of Business 5545 PARK STREET NORTH ST. PETERSBURG FL 33709	Mailing Address 5545 PARK STREET NORTH ST. PETERSBURG FL 33709-6309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2692836	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent COPELAND, NATHAN 5545 PARK STREET NORTH ST. PETERSBURG FL 33709	7. Name and Address of New Registered Agent Name Charles G. Possick Street Address (P.O. Box Number is Not Acceptable) 5545 Park Street North City St. Petersburg FL 33709
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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.

Park Place Travel, Inc

SIGNATURE by: *[Signature]* **Charles G. Possick** President DATE 2-4-00
Signature, Typed or printed name of registered agent and type of approval (NOTE: Registered Agent signature required when reinstating)

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 P <input checked="" type="checkbox"/> Delete	NAME COPELAND, NATHAN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5545 PARK ST N	CITY-ST-ZIP ST. PETERSBURG FL	TITLE President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Charles G. Possick
TITLE VPSD <input type="checkbox"/> Delete	NAME POSSICK, CHARLES	TITLE Secretary, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Karen Possick
STREET ADDRESS 5545 PARK ST N	CITY-ST-ZIP ST PETERSBURG FL	TITLE Vice-President & Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Isaac Varon
TITLE VPD <input type="checkbox"/> Delete	NAME POSSICK, KAREN		
STREET ADDRESS 5545 PARK ST N	CITY-ST-ZIP ST. PETERSBURG FL		
TITLE VP <input type="checkbox"/> Delete	NAME VARON, ISAAC		
STREET ADDRESS 5545 PARK ST N	CITY-ST-ZIP ST. PETERSBURG FL 33709		
TITLE <input type="checkbox"/> Delete	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	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]* **Nathan Copeland, President** by: *[Signature]* **Charles G. Possick, President** (727) 545-0613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR