

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90006 002 \*\*\*158.75

0381119

**DOCUMENT # J19913**

1. Entity Name  
**PARK PLACE TRAVEL, INC.**

Principal Place of Business 5545 PARK STREET NORTH ST. PETERSBURG FL 33709	Mailing Address 5545 PARK STREET NORTH ST. PETERSBURG FL 33709
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**A0012299**



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 **59-2692836**

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

**POSSICK, CHARLES G**  
**5545 PARK STREET NORTH**  
**ST. PETERSBURG FL 33709**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POSSICK, CHARLES</b>	
STREET ADDRESS	<b>5545 PARK ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>POSSICK, KAREN</b>	
STREET ADDRESS	<b>5545 PARK ST N</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>VARON, ISAAC</b>	
STREET ADDRESS	<b>5545 PARK ST N</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33709</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Isaac Varon* **ISAAC VARON, Vice-President.**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)