

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90024 044 ***150.00

DOCUMENT # J29349

1. Entity Name

FLORIDA TRAVEL CENTER, INC.

Principal Place of Business

255 S. ORANGE AVE., SUITE 104
 ORLANDO FL 32801
 US

Mailing Address

255 S. ORANGE AVE., SUITE 104
 ORLANDO FL 32801
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2708680

Applied For

Not Applicable

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

MORAN, EDWARD J
900 WOODCRAFT DRIVE
APOPKA FL 32712

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MORAN, LILLIAN M	900 WOODCRAFT DRIVE	APOPKA FL 32712	<input type="checkbox"/>
ST	MORAN, EDWARD J	900 WOODCRAFT DRIVE	APOPKA FL 32712	<input type="checkbox"/>
D	MALONEY, LYNN A	299 PHEASANT RIDGE	NEWMAN GA 30265	<input type="checkbox"/>
D	MORAN, CRAIG A	810-14 LOCH CALDER DR	APOPKA FL 32712	<input type="checkbox"/>
D	MORAN, CARON E	810-14 LOCH CALDER DR	APOPKA FL 32712	<input type="checkbox"/>
D	CHADIRO-MORAN, KRISTEN L	220 LONG HIRST LOOP	OCOE FL 34761	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
D	MORAN, CARON E.	2402 DUNWOODY CROSSING #6	ATLANTA, GA. 30338	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	CHADIRO-MORAN, KRISTEN L.	220 LONG HIRST LOOP	OCOE FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

Lillian M. Moran **LILLIAN M. MORAN**

2/9/01 (407) 648-8297

CR2E034 (10/00)