

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90037 026 ***150.00

DOCUMENT # J29349

1. Entity Name

FLORIDA TRAVEL CENTER, INC.

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

3. Mailing Address

455 DOUGLAS AVE.

455 DOUGLAS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1055

SUITE 1055

City & State

City & State

ALTAMONTE SPRINGS, FL

ALTAMONTE SPRINGS, FL.

Zip

Country

Zip

Country

32714

US

32714

US

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, 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 P ☐ Delete
 NAME MORAN, LILLIAN M
 STREET ADDRESS 900 WOODCRAFT DRIVE
 CITY-ST-ZIP APOPKA FL 32712

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

TITLE ST ☐ Delete
 NAME MORAN, EDWARD J
 STREET ADDRESS 900 WOODCRAFT DRIVE
 CITY-ST-ZIP APOPKA FL 32712

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

TITLE D ☐ Delete
 NAME MALONEY, LYNN A
 STREET ADDRESS 299 PHEASANT RIDGE
 CITY-ST-ZIP NEWNAN GA 30265

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

TITLE D ☐ Delete
 NAME MORAN, CRAIG A
 STREET ADDRESS 810-14 LOCH CALDER DR
 CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition
 NAME MORAN, CRAIG A.
 STREET ADDRESS 454 LAKEVIEW DRIVE, UNIT #2
 CITY-ST-ZIP WESTON, FL 33326

TITLE D ☐ Delete
 NAME MORAN, CARON E
 STREET ADDRESS 2402 DUNWOODY CROSSING G
 CITY-ST-ZIP ATLANTA GA 30338

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

TITLE D ☐ Delete
 NAME CHADIRO-MORAN, KRISTEN L
 STREET ADDRESS 220 LONG HIRST LOOP
 CITY-ST-ZIP OCOEE FL 34761

TITLE ☒ Change ☐ Addition
 NAME CHADIRO-MORAN, KRISTEN L.
 STREET ADDRESS 220 LONGHIRST LOOP
 CITY-ST-ZIP OCOEE, FL 34761

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

Edward J. Moran
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

407-880-6942

Daytime Phone #

CR2E034 (9/01)