

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90098 019 \*\*\*150.00

**DOCUMENT # J29349**

1. Entity Name  
**FLORIDA TRAVEL CENTER, INC.**



Principal Place of Business  
**455 DOUGLAS AVE  
SUITE 1055  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address  
**455 DOUGLAS AVE  
SUITE 1055  
ALTAMONTE SPRINGS FL 32714  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**MORAN, EDWARD J  
900 WOODCRAFT DRIVE  
APOPKA FL 32712**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MORAN, LILLIAN M	
STREET ADDRESS	900 WOODCRAFT DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORAN, EDWARD J	
STREET ADDRESS	900 WOODCRAFT DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONEY, LYNN A	
STREET ADDRESS	299 PHEASANT RIDGE	
CITY-ST-ZIP	NEWNAN GA 30265	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORAN, CRAIG A	
STREET ADDRESS	454 LAKEVIEW DRIVE UNIT 2	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORAN, CARON E	
STREET ADDRESS	2402 DUNWOODY CROSSING G	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPIRO-MORAN, KRISTEN L	
STREET ADDRESS	220 LONG HIRST LOOP	
CITY-ST-ZIP	OCFEE FL 34761	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, LYNN A.	
STREET ADDRESS	69 HIGH POINT NORTH DRIVE	
CITY-ST-ZIP	NEWNAN, GA. 30265	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, CRAIG A.	
STREET ADDRESS	2555 FAIRWAYS DR.	
CITY-ST-ZIP	HOMESTEAD, FL. 33035	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, CARON E.	
STREET ADDRESS	1505 HUNTING DON CHASE	
CITY-ST-ZIP	ATLANTA, GA. 30350	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIRO-MORAN KRISTEN	
STREET ADDRESS	3447 KENTSHIRE BLVD.	
CITY-ST-ZIP	OCFEE, FL. 34761	

12. 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 10 or Block 11 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 #

1-8-03 407-880-6942

CR2E034 (10/02)