

2000 UNIFORM BUSINESS REPORT (UBR)

5/10/00-90137-048-\$150.00-\$150.00

DOCUMENT # J73757

1. Entity Name

TRAVEL AGENTS INTERNATIONAL, INC.

Principal Place of Business

P O BOX 59159
ATTN TAX DEPT
MINNEAPOLIS MI 55459-8250
US

Mailing Address

P O BOX 59159
ATTN TAX DEPT
MINNEAPOLIS MI 55459-8200
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MN

City & State

MN

Zip

Country

Zip

Country

4. FEI Number

59-3000782

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

REEVES, ROBERT H
9887 FOURTH STREET NO.
P.O. BOX 42008
ST PETERSBURG FL 33742-4008

Name

Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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 fee 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, 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 type="checkbox"/> Delete
NAME	BATT, MICHAEL	
STREET ADDRESS	12755 S HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMANN, DARREL M	
STREET ADDRESS	12755 S HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DIGNAN, JOHN M	
STREET ADDRESS	12755 S HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOGAN, GERALD	
STREET ADDRESS	12755 S HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1405 Xenium Lane No.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1405 Xenium Lane No.	
CITY-ST-ZIP		
TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Brommel	
STREET ADDRESS	1405 Xenium Lane No.	
CITY-ST-ZIP	Minneapolis MN 55441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1405 Xenium Lane NO.	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Carlson Nelson	
STREET ADDRESS	1405 Xenium Lane No.	
CITY-ST-ZIP	Minneapolis MN 55441	
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:

Darrel M. Hamann
Darrel M. Hamann, VP - Tax 4-2600 763-212-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00 JUN 12 PM 2:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)