

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001893

1. Entity Name

TRAVELERS REST ACTIVITIES GROUP, INC.

FILED

May 01, 2002 8:00 am  
Secretary of State

05-01-2002 91624 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

29129 JOHNSTON ROAD  
DADE CITY FL 33523

29129 JOHNSTON ROAD  
DADE CITY FL 33523

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

59-3605060

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

ZITZER, EDMUND F.  
29129 JOHNSTON ROAD  
DADE CITY FL 33523

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ZITZER, EDMUND F.  
STREET ADDRESS 29129 JOHNSTON ROAD #21-24  
CITY-ST-ZIP DADE CITY FL 33523

TITLE D ☐ Change ☒ Addition  
NAME Joseph Haines  
STREET ADDRESS 29129 Johnston Rd # 9-10  
CITY-ST-ZIP Dade City, FL. 33523-6128

TITLE VD ☐ Delete  
NAME PEDERSEN, DOUGLAS  
STREET ADDRESS 29129 JOHNSTON ROAD 10-3  
CITY-ST-ZIP DADE CITY FL 33523

TITLE DS ☐ Change ☒ Addition  
NAME David Lawley  
STREET ADDRESS 29129 Johnston Rd # 4-30  
CITY-ST-ZIP Dade City, FL. 33523-6128

TITLE D ☐ Delete  
NAME MILLER, JERI  
STREET ADDRESS 29129 JOHNSTON ROAD 11-25  
CITY-ST-ZIP DADE CITY FL 33523

TITLE D ☐ Change ☒ Addition  
NAME Joan McLean  
STREET ADDRESS 29129 Johnston Rd # 14-21  
CITY-ST-ZIP Dade City, FL. 33523-6128

TITLE SD ☒ Delete  
NAME CARTER, MARGARET  
STREET ADDRESS 29129 JOHNSTON ROAD  
CITY-ST-ZIP DADE CITY FL 33523

TITLE D ☐ Change ☒ Addition  
NAME Mickey Graham  
STREET ADDRESS 29129 Johnston Rd # 2538  
CITY-ST-ZIP Dade City FL. 33523-6128

TITLE TD ☒ Delete  
NAME FREELAND, ROBERT  
STREET ADDRESS 29129 JOHNSTON ROAD #4-15  
CITY-ST-ZIP DADE CITY FL 33523

TITLE D ☐ Change ☒ Addition  
NAME Willis Speins  
STREET ADDRESS 29129 Johnston Rd # 9-01  
CITY-ST-ZIP Dade City, FL. 33523-6128

TITLE VD ☐ Delete  
NAME HEWER, NORMAN  
STREET ADDRESS 29129 JOHNSTON ROAD 12-3  
CITY-ST-ZIP DADE CITY FL 33523

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

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmund Zitzer 4/10/02 352-588-2013

Date

Daytime Phone #

CR2E037 (9/01)