

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00272

1. Entity Name

TRAVEL PROFESSIONALS INTERNATIONAL LICENSING COM

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90067 046 ***150.00

Principal Place of Business

Mailing Address

~~312 WHITTINGTON PKWY~~
~~STE 203~~
 LOUISVILLE KY 40222
 US

~~312 WHITTINGTON PKWY~~
~~STE 203~~
 LOUISVILLE KY 33064-2232
 US

2. Principal Place of Business

3. Mailing Address

1100 Park Central Blvd South
 Suite, Apt. #, etc.
1800

1100 Park Central Blvd South
 Suite, Apt. #, etc.
1800



DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach FL
 Zip
33364
 Country
US

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4. FEI Number **61-1018037** 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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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, 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 | PD | <input type="checkbox"/> Delete |
| NAME | VERNON, JAMES C. | |
| STREET ADDRESS | 312 WHITTINGTON PKY, STE 203 | |
| CITY-ST-ZIP | LOUISVILLE KY 40222 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | STRENECKY, BERNARD J. | |
| STREET ADDRESS | 312 WHITTINGTON PKWY, STE 203 | |
| CITY-ST-ZIP | LOUISVILLE KY 40222 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUSH, CHARLES O. | |
| STREET ADDRESS | 410 WALMAC | |
| CITY-ST-ZIP | FRANKFORT KY | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALLEN, NOLEN | |
| STREET ADDRESS | 200 S 5TH ST | |
| CITY-ST-ZIP | LOUISVILLE KY | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOTTOMS, GLEN | |
| STREET ADDRESS | 980 TAYLOR RD | |
| CITY-ST-ZIP | FRANKFORT KY | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | <i>1100 Park Central Blvd South, Ste 1800</i> | |
| CITY-ST-ZIP | <i>Pompano Beach FL 33364</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>S Vernon, James C</i> | |
| STREET ADDRESS | <i>1100 Park Central Blvd South, Ste 1800</i> | |
| CITY-ST-ZIP | <i>Pompano Beach FL 33364</i> | |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

954-979-6647

Daytime Phone #

CR2E034 (9/99)