

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91204 013 ***150.00

DOCUMENT # **Pol000061087**

1. Entity Name

TravelPort Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

355 Whispering Lakes Blvd

Suite, Apt. #, etc.

3. Mailing Address

7512 Dr. Phillips Blvd

Suite, Apt. #, etc.

Ste 50 PMB 522

B0124388

DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs, FL

City & State

Orlando, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

34688

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kevin Frieders

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

355 Whispering Lake Blvd

City

Tarpon Springs FL

Zip Code
34688

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

4/18/02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**President CEO
Kevin Frieders
355 Whispering Lakes Blvd
Tarpon Springs FL 34688**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**Vice President
Paul Ruffolo
1000 Kings Point Drive #1308
Sunny Isles, FL 3**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

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 on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Frieders 4/19/02 407-595 1430

Date

Daytime Phone #

CR2E034B (12/01)