

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90020 042 ***150.00

DOCUMENT # P01000110776

1. Entity Name

TRAVELER RESERVATION NETWORK, INC.

Principal Place of Business

**1037 28TH STREET
 ORLANDO FL 32805**

Mailing Address

**1037 28TH STREET
 ORLANDO FL 32805**

2. Principal Place of Business

3765 N. John Young Pkwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3758133

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32805

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

**Patrick Maher
 1037 28th Street**

Orlando

FL

Zip Code 32805

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

4/30/02

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, 2002 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

**TITLE PD
 NAME MAHER, JOSEPH P JR
 STREET ADDRESS 1037 28TH STREET
 CITY-ST-ZIP ORLANDO FL 32805**

**TITLE SVD
 NAME MAHER, PATRICK J
 STREET ADDRESS 1037 28TH STREET
 CITY-ST-ZIP ORLANDO FL 32805**

**TITLE TD
 NAME KELLEY, KYLE H
 STREET ADDRESS 1037 28TH STREET
 CITY-ST-ZIP ORLANDO FL 32805**

**TITLE D
 NAME GOLDBERG, RUSSELL
 STREET ADDRESS 1037 28TH STREET
 CITY-ST-ZIP ORLANDO FL 32805**

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

**TITLE
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 CITY-ST-ZIP**

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**TITLE
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 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/30/02

Daytime Phone #

407-872-7695

CR2E034 (9/01)