

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/10/00-90137-049-\$150.00-\$150.00

DOCUMENT # P92000007078

1. Entity Name

TRAVEL AGENTS INTERNATIONAL FRANCHISING CORP.

FILED

00 JUN 12 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

9887 FOURTH STREET NO.  
15TH FLOOR  
ST. PETERSBURG FL 33702  
US

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

2. Principal Place of Business

1405 Xenium Lane No.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Minneapolis MN

City & State

4. FEI Number

59-3154294

Applied For

Not Applicable

Zip

Country

Zip

Country

55441

USA

55459-8250

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

9887 FOURTH STREET NO.

P. O. BOX 42008

ST. PETERSBURG FL 33742

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 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 P ☐ Delete  
NAME BATT, MICHAEL  
STREET ADDRESS 12755 S HWY 55  
CITY-ST-ZIP MINNEAPOLIS MN 55441

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1405 Xenium Lane No.  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME HAMANN, DARREL M  
STREET ADDRESS 12755 S HWY 55  
CITY-ST-ZIP MINNEAPOLIS MN 55441

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1405 Xenium Lane No.  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME DIGNAN, JOHN M  
STREET ADDRESS 12755 S HWY 55  
CITY-ST-ZIP MINNEAPOLIS MN 55411

TITLE Director ☐ Change ☒ Addition  
NAME Marilyn Carlson Nelson  
STREET ADDRESS 1405 Xenium Lane No.  
CITY-ST-ZIP Minneapolis MN 55441

TITLE S ☐ Delete  
NAME HOGAN, GERALD  
STREET ADDRESS 12755 S HWY 556  
CITY-ST-ZIP MINNEAPOLIS MN 55441

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1405 Xenium Lane No.  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrel M. Hamann, VP - Tax 4-26-00 763-212-2920

Date

Daytime Phone

KE

*[Signature]*