

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90045 004 \*\*\*150.00

**953629**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 793000023917 ✓

**1. Entity Name**  
 TravelTrust, Inc.

**Principal Place of Business** **Mailing Address**  
 5221 Delatite Ave S.  
 Gulfport, FL 33707

**2. Principal Place of Business** **3. Mailing Address**  
 5221 Delatite Same  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**  
 Gulfport FL  
 33707 Pinellas 33707 Pinellas

**4. FEI Number** **Applied For**  
 59-3179018 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Gary Heeren

**7. Name and Address of New Registered Agent**  
 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** *Gary Heeren* **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	
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Gary Heeren* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*May 1, 2000* **Date** *727/321-5699* **Phone #**

CR2E034 (9/99)