

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065836

1. Entity Name

K & M TRAVEL, INCORPORATED

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90073 002 \*\*\*150.00

Principal Place of Business

36508 SR 54 WEST  
ZEPHYRHILLS FL 33541  
US

Mailing Address

37432 8TH AVE.  
ZEPHYRHILLS FL 33541-5394  
US

2. Principal Place of Business

38507 FORTY Ave

3. Mailing Address

Suite, Apt. #, etc.

DOWN TOWN

Suite, Apt. #, etc.

City & State

Zephyrhills

City & State

4. FEI Number

59-3264594

Applied For

Not Applicable

Zip

33540

Country

USA

Zip

Country

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

MATTESON, MARVIN D  
37432 8TH AVE.  
ZEPHYRHILLS FL 33541

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  
NAME

P  
MATTESON, MARVIN D.

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

37432 8TH AVE.  
ZEPHYRHILLS FL

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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NAME

STREET ADDRESS  
CITY-ST-ZIP

DILLMAN, KAREN  
VICEPRESIDENT  
37432 8TH AVE  
ZEPHYRHILLS FL 33541

☐ Change ☐ Addition

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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)(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:

*Marvin D. Matteson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

Date

813  
7886686

Daytime Phone #