

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072900

1. Entity Name

TICKETSAVERS, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90099 016 ***150.00

Principal Place of Business

Mailing Address

COMFORT INN MAINGATE
7571 W IRLO BRONSON HWY
KISSIMMEE FL 34741

COMFORT INN MAINGATE
7571 W IRLO BRONSON HWY
KISSIMMEE FL 34747-1725

2. Principal Place of Business

BEST INN MAINGATE

Suite, Apt. #, etc.

7571 W. IRLO BRONSON HWY.

City & State

KISSIMMEE, FL

Zip

34747

Country

USA

3. Mailing Address

BEST INN MAINGATE

Suite, Apt. #, etc.

7571 W. IRLO BRONSON HWY.

City & State

KISSIMMEE, FL

Zip

34747

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3271869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOANE, GARY
738 W COLONIAL DR
ORLANDO FL 32804

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DOANE, JOHN	
STREET ADDRESS	17005 ARROWHEAD BLVD.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOANE, GARY	
STREET ADDRESS	738 W COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN DOANE PRES.

1/20/00

407-238-1911

Daytime Phone #