

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000018135**

1. Entity Name

WILSON TRAVEL GROUP, INC.**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90116 020 ***158.75

0433108

Principal Place of Business 8505 W IRLO BRONSON MEM HWY KISSIMMEE FL 34747-8201	Mailing Address 8505 W IRLO BRONSON MEM HWY KISSIMMEE FL 34747-8201
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00041301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3306307		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****LOWER, BRIAN T**
8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34747-8201

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, 2001 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 STREET ADDRESS CITY-ST-ZIP	CD WILSON, SPENCE 1629 WINCHESTER ROAD MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWAN, CHARLES K III 8505 W IRLO BRONSON MEM HWY KISSIMMEE FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, ROBERT A 1629 WINCHESTER RD. MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILSON, KEMMONS 1629 WINCHESTER RD. MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, CAROLE W 1629 WINCHESTER RD. MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BETTY W 1629 WINCHESTER RD. MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Brian T. Lower, Sr. VP

2/1/01

Date

(407) 239-1034

Daytime Phone #

CR2E034 (10/00)

Attachment Doc # P95000018135
COD41431

WILSON TRAVEL GROUP, INC.
(FEI # 59-3306307)

1629 Winchester Road
Memphis, TN 38116

Kemmons Wilson	D/C Emeritus
Spence Wilson	D/C
Robert A. Wilson	D/VP
C. Kemmons Wilson, Jr.	D/VP
Betty Wilson Moore	D
Carole Wilson West	D
William R. Batt	T
R.E. Wallin	S

8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747

Charles K. Swan III	P/CEO
Brian T. Lower	Sr. VP/Asst. S
Thomas J. Gispanski	Sr. VP/CFO
Robert L. Shaw	VP
Debra Cohen	Asst. VP

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant