

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90070 035 \*\*\*150.00

00040616

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P95000089570  
**1. Entity Name** TRAVEL INN OF PASCO, INC.

**Principal Place of Business** TRAVEL INN OF PASCO, INC.  
 7532 U.S. HWY 19  
 NEW PORT RICHEY  
 FL 34652  
**Mailing Address** 1131 U.S. HWY 19  
 HOLIDAY  
 FL 34691

**2. Principal Place of Business** New P 7532 U.S. HWY 19  
 Suite, Apt. #, etc.  
**3. Mailing Address** 1131 U.S. HWY 19  
 Suite, Apt. #, etc.

**City & State** New Port Richey FL  
**City & State** Holiday, FLORIDA  
**Zip** 34652 **Country** U.S.A.  
**Zip** 34691 **Country** U.S.A.

**4. FEI Number** 59-3344359  
**Applied For** Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 PATEL DINESHBHAI K  
 1131 U.S. HWY 19  
 HOLIDAY, FL-34691

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PRESIDENT (P)	<input type="checkbox"/> Delete
<b>NAME</b> DINESHBHAI K PATEL	
<b>STREET ADDRESS</b> 1131 U.S. HWY 19	
<b>CITY-ST-ZIP</b> HOLIDAY, FL-34691	
<b>TITLE</b> TREASURER (T)	<input type="checkbox"/> Delete
<b>NAME</b> KAILASBEN D PATEL	
<b>STREET ADDRESS</b> 1131 U.S. HWY 19	
<b>CITY-ST-ZIP</b> HOLIDAY, FL-34691	
<b>TITLE</b> KAILASBEN D PATEL	<input type="checkbox"/> Delete
<b>NAME</b> 1131 U.S. HWY 19	
<b>STREET ADDRESS</b> HOLIDAY, FL-34691	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** D/Patel DINESHBHAI K PATEL (PRESIDENT) 4-28-2000 (727) 849-4318  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)