

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001091

1. Entity Name

TCA/TRAVEL CORPORATION OF AMERICA, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90234 036 \*\*\*150.00

Principal Place of Business

~~KAUSHIK & ALPA NANA~~  
~~13826 OSPREY NEST LANE #20~~  
~~ORLANDO FL 32837~~

Mailing Address

~~KAUSHIK & ALPA NANA~~  
~~13826 OSPREY NEST LANE #20~~  
~~ORLANDO FL 32837-6136~~  
~~US~~

2. Principal Place of Business

12179 S. Apopka Vineland Rd

3. Mailing Address

E-SAMG

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32836

Country

Zip

Country

4. FEI Number

59-3353073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~NANA, KAUSHIK~~  
~~13826 OSPREY NEST LN~~  
~~SUITE 20~~  
~~ORLANDO FL 32837~~

7. Name and Address of New Registered Agent

Name

~~NANA, KAUSHIK &~~

Street Address (P.O. Box Number is Not Acceptable)

12179 S. Apopka Vineland Rd # 541

City

ORLANDO

FL

Zip

32836

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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 PSTD  
NAME NANA, KAUSHIK  
STREET ADDRESS 13826 OSPREY NEST LN #20  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12179 S. Apopka Vineland Rd # 541  
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/25/00

Daytime Phone #

407-248-9505

CR2E034 (9/99)