

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90114 029 \*\*\*150.00

**DOCUMENT # P98000023416**  
 1. Entity Name  
**TRAVEL INSIDER, INC.**

Principal Place of Business <b>95 S. FEDERAL HWY          SUITE 200          BOCA RATON FL 33432</b>	Mailing Address <b>95 SOUTH FEDERAL HIGHWAY, STE 200          BOCA RATON FL 33432-4840</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>150 E. Palmetto Park Rd.</b>	3. Mailing Address Suite, Apt. #, etc. <b>Suite 650</b>
City & State <b>Boca Raton, Florida</b>	City & State

4. FEI Number <b>65-0836015</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33432</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**ULLMAN, HOWARD F  
 95 S. FEDERAL HWY  
 SUITE 200  
 BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**

Name  
**Ullman, Howard F.**

Street Address (P.O. Box Number is Not Acceptable)  
**150 E. Palmetto Park Rd.**

**Suite 650**

City  
**Boca Raton** **FL** Zip Code  
**33432**

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 \_\_\_\_\_ (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 SD	<input type="checkbox"/> Delete
NAME ULLMAN, HOWARD F	
STREET ADDRESS 95 S. FEDERAL HW SUITE 200	
CITY-ST-ZIP BOCA RATON FL 33432	
TITLE PD	<input type="checkbox"/> Delete
NAME KOKINOS, GEORGE L	
STREET ADDRESS 23123 SR. 7 SUITE 340 B	
CITY-ST-ZIP BOCA RATON FL 33428	
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 S,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ullman, Howard F.	
STREET ADDRESS 150 E. Palmetto Park Rd., #650	
CITY-ST-ZIP Boca Raton, FL 33432	
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 another like empowered.

SIGNATURE: Howard F. Ullman **1/26/2000** **(561) 338-3535**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Howard F. Ullman**

CR2E034 (9/99)