

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059645

1. Entity Name **TRAVEL AWARDS NETWORK, INC.**

FILED
Sep 11, 2000 8:00 am
Secretary of State
 09-11-2000 90004 017 ***550.00

Principal Place of Business Mailing Address **Same**

2701 West Oakland Park Blvd., Ste 100
Fort Lauderdale, FL 33311

00084634

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.
22 Northeast Third Avenue, Suite 1100
Fort Lauderdale, FL 33301

7. Name and Address of New Registered Agent

Name **Joni L. Ward**

Street Address (P.O. Box Number is Not Acceptable)
2701 West Oakland Park Blvd., Suite 100

City **Fort Lauderdale,** FL Zip Code **33311**

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 *Joni L. Ward* **Joni L. Ward** *Sept 5, 2000*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer/Director <input type="checkbox"/> Delete Jerry Heald 2701 W. Oakland Park Blvd., Ste 100 Fort Lauderdale, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary/Dir <input type="checkbox"/> Delete Joni L. Ward 2701 W. Oakland Park Blvd., Ste 100 Fort Lauderdale, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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: *Joni L. Ward* **Joni L. Ward** *Sept 5, 2000* **954/453-3400**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #