

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90177 037 ***150.00

DOCUMENT # 325313

1. Entity Name
THE SECOND HOLIDAY HOUSING ASSOCIATION, INC.

Principal Place of Business

**501 E. CHURCH STREET
 ORLANDO FL 32801**

Mailing Address

**501 E. CHURCH STREET
 ORLANDO FL 32801**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1226073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCCORMICK, JOHN M.
 501 EAST CHURCH STREET
 ORLANDO FL 32801**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P GATCHEL, PATTY 1000 GROVE MANOR DRIVE SANFORD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKHARDT, WAIN 2830 CHRISTOPHER CREEK RD N JACKSONVILLE FL 32217	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORMICK, JOHN 648 WORTHINGTON DR WINTER PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELDER, CAROLE 6804 ANOKA DR ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP WALL, TOM 9 THOMAS AVENUE TILLSONBURGH, ONTARIO N4G5KL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *John M. McCormick* **JOHN M. MC CORMICK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 **(407) 843-5690**

Date

Daytime Phone #

CR2E034 (9/01)