2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003
Secretary of State

DOCUMENT# N02000003750

Entity Name: THE NATIONAL HOLIDAY FUND OF THE UNITED STATES, INC.

Current Principal Place of Business:

C/O DAVID A VERNON
523 OAKPOINT CIRCLE
DAVENPORT, FL 338378693

New Principal Place of Business:

C/O DAVID A VERNON
523 OAKPOINT CIRCLE
DAVENPORT, FL 338378693 US

Current Mailing Address:

C/O DAVID A VERNON
523 OAKPOINT CIRCLE
DAVENPORT, FL 338378693

New Mailing Address:

P.O BOX 624
LOUGHMAN, FL 338580624 US

FEI Number: 30-0084472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HABER, LAWRENCE H
606 FRONT STREET
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VERNON, DAVID A
Address: 523 OAKPOINT CIR
City-St-Zip: DAVENPORT, FL 338378693

Title: D ( ) Delete
Name: VERNON, JACKIE A
Address: 523 OAKPOINT CIR
City-St-Zip: DAVENPORT, FL 338378693

Title: D ( ) Delete
Name: HADDOW, MALCOLM
Address: 8320 LAKESHORE DR
City-St-Zip: YALAHA, FL 34797

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition
Name: VERNON, DAVID A
Address: 523 OAKPOINT CIR
City-St-Zip: DAVENPORT, FL 338378693

Title: TSD (X) Change ( ) Addition
Name: VERNON, JACKIE L
Address: 523 OAKPOINT CIR
City-St-Zip: DAVENPORT, FL 338378693

Title: VD (X) Change ( ) Addition
Name: HADDOW, MALCOLM
Address: 8320 LAKESHORE DR
City-St-Zip: YALAHA, FL 34797

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. VERNON CPD 09/11/2003

Electronic Signature of Signing Officer or Director — Date