

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90130 020 ***158.75

DOCUMENT # P02000064409

1. Entity Name
EVERGLADES VACATION RENTALS, INC.



Principal Place of Business
**201 W. BROADWAY
EVERGLADES CITY FL 34139**

Mailing Address
**P.O. BOX 570
EVERGLADES CITY FL 34139**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

can't locate

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDS, PATTY F
201 W. BROADWAY
EVERGLADES CITY FL 34139**

-Name: *Cheryl C. Henderson*

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

201 W. Broadway

City: *Everglades City*

FL

Zip Code: *34139*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cheryl C. Henderson*

CHERYL C. HENDERSON

01/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST**
NAME **RICHARDS, PATTY F**
STREET ADDRESS **P.O. BOX 570**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

☒ Delete

TITLE *President, Secretary*
NAME *Cheryl C. Henderson*
STREET ADDRESS *201 W. Broadway*
CITY-ST-ZIP *Everglades City, FL 34139*

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE *Vice President, Treasurer*
NAME *Claudia Davenport*
STREET ADDRESS *201 W. Broadway*
CITY-ST-ZIP *Everglades City, FL 34139*

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLAUDIA DAVENPORT
CLAUDIA DAVENPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

DATE

239-695-3151

Daytime Phone #

CR2E034 (10/02)