2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V21239

Entity Name: CONTEMPO FLORIDA HOLIDAYS LIMITED, INC.

Apr 28, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4717 US HWY 27 N 43344 HWY 27

DAVENPORT, FL 33837 US DAVENPORT, FL 33837

New Mailing Address: Current Mailing Address:

43344 HWY 27

DAVENPORT, FL 33837 US

FEI Number: 59-3113179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHERRETT, DONALD WHERRETT, DONALD 4717 US HWY 27 N SUITE C 8 43344 US HWY 27 DAVENPORT, FL 33837 DAVENPORT, FL 33837

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: DONALD WHERRETT 04/28/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition WHERRETT, DONALD, WHERRETT, DONALD Name: Name: 7162 MONTREAL DR 7162 MONTREAL DR Address: Address:

LAKELAND, FL 33809 US City-St-Zip: LAKELAND, FL 33809 City-St-Zip:

Title: Title: (X) Change () Addition () Delete LEVENTHAL, GARY Name: LEVENTHAL, GARY, Name: 8400 SALA LAKE SHORES CT 8126 FIRENZE BLVD Address: Address:

ORLANDO, FL 32836 ORLANDO, FL 32836 US City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition

Name: SAMSON, RICHARD J Name: 2501 PARTRIDGE DRIVE Address: Address: City-St-Zip: City-St-Zip: WINTER HAVEN, FL 33884 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD WHERRETT PD 04/28/2003