

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 346569

1. Entity Name

VACATION HARBOUR INC

Principal Place of Business

C/O WILLIAM A. BOYLES
201 E. PINE ST. , STE. 1200
ORLANDO FL 32801

Mailing Address

C/O WILLIAM A. BOYLES
201 E. PINE ST. , STE. 1200
ORLANDO FL 32801

2. Principal Place of Business

c/o William A. Boyles

Suite, Apt. #, etc.

301 E. Pine St. Ste. 1400

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Address

c/o William A. Boyles

Suite, Apt. #, etc.

P.O. Box 3068

City & State

Orlando, FL

Zip

32802-3068

Country

USA

6. Name and Address of Current Registered Agent

BOYLES, WILLIAM A.
301 E. PINE ST.
STE. #1400
ORLANDO FL 32801

4. FEI Number

65-0133663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	ATKINSON, WILLIAM C.	
STREET ADDRESS	517 NAISH AVE.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ATKINSON, MICHAEL D.	
STREET ADDRESS	2580 MINERT RD.	
CITY-ST-ZIP	CONCORD CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAY, CHARLES J.	
STREET ADDRESS	201 E. PINE ST. ,1200	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	301 E. Pine Street, Suite 1400
CITY-ST-ZIP	Orlando, Florida 32801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. ATKINSON

Date

Daytime Phone #

18 APR 2001 321-783-1938

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90004 026 ***150.00

643125



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)