

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 385660**

1. Entity Name

**HOLIDAY HOUSE CORPORATION****FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90009 013 \*\*\*150.00

0087715

Principal Place of Business	Mailing Address
2037 LEE ROAD ORLANDO FL 32810 US	2037 LEE ROAD ORLANDO FL 32810 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	59-1369811	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

**736288**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBBINS, R. JAMES JR 101 E KENNEDY BLVD SUITE 3700 TAMPA FL 33602

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) DATE9. 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
NAME	WOODS, JAMES
STREET ADDRESS	2037 LEE ROAD
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	D
NAME	WOODS, BRIDGET
STREET ADDRESS	2037 LEE ROAD
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	D
NAME	WOODS, NICOLA M
STREET ADDRESS	2037 LEE ROAD
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)