

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 29 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf/15



DO NOT WRITE IN THIS SPACE

DOCUMENT # A32040

1. Entity Name
VACATION PARK, LTD.

Principal Place of Business
% HOLYFIELD ASSOCIATES. P.A.
1601 FORUM PLACE, SUITE 801
WEST PALM BEACH FL 33401

Mailing Address
% HOLYFIELD ASSOCIATES. P.A.
1601 FORUM PLACE, SUITE 801
WEST PALM BEACH FL 33401-8106

2. Principal Place of Business
40 JAYNE ASSOCIATES, INC.

Suite, Apt. #, etc.
242 ALPINE RD

City & State
W.P.B. FL

3. Mailing Address
40 JAYNE ASSOCIATES, INC.

Suite, Apt. #, etc.
242 ALPINE RD

City & State
WPB FL

4. FEI Number **65-0327872** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHENKMAN, CURTIS L.
11891 US HIGHWAY ONE
N. PALM BCH. FL 33408

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions as Shown on record. **\$299,071.00**

10. Amount of Capital Contributions in FLORIDA to date. _____

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	K90821 PALM BEACH ISLANDS & DEVELOPMENT, INC. % 1601 FORUM PLACE, SUITE 801 WEST PALM BEACH FL 33401
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	40 JAYNE ASSOCIATES, INC. 242 ALPINE ROAD WEST PALM BEACH, FL 33405
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	700003204167--8 -04/11/00--01110--015 ***526.25 ***526.25
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

CFR2E003 (9/99)