

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006949 AF

DOCUMENT # **A32040**

1. Entity Name

VACATION PARK, LTD.

FILED

01 APR 20 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O JAYNE & ASSOCIATES, INC.  
242 ALPINE RD  
WEST PALM BEACH FL 33405

Mailing Address

C/O JAYNE & ASSOCIATES, INC.  
242 ALPINE RD  
WEST PALM BEACH FL 33405

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

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

Linda N. Jayne CPA

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

242 ALPINE Road

City

W. P. B.

FL

Zip Code  
33405

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

4/17/01

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 # K90821  
NAME PALM BEACH ISLANDS & DEVELOPMENT, INC.  
STREET ADDRESS C/O JAYNE & ASSOCIATES, INC. 242 ALPINE RD  
CITY-ST-ZIP WEST PALM BEACH FL 33405

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

4000004162394--9

STREET ADDRESS

CITY-ST-ZIP

-05/08/01--01080--022

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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 #

CR2E003 (11/00)