

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90354 046 \*\*\*150.00

**DOCUMENT # F02000001372**

1. Entity Name  
**AMERICAN VACATION RESORTS, INC.**



Principal Place of Business  
**17757 U.S. HIGHWAY 19 NORTH, SUITE 400  
CLEARWATER FL 34624**

Mailing Address  
**17757 U.S. HIGHWAY 19 NORTH, SUITE 400  
CLEARWATER FL 34624**



2. Principal Place of Business  
**1062 Keene Rd**

3. Mailing Address  
**1062 Keene Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Dunedin, FL**

City & State  
**Dunedin, FL**

4. FEI Number  
**59-3515147**

Applied For  
☐ Not Applicable

Zip  
**34698**

Country  
**USA**

Zip  
**34698**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, MALCOLM J**  
**17757 U.S. HIGHWAY 19 NORTH, SUITE 400**  
**CLEARWATER FL 34624**

Name  
**CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Road**

City  
**Plantation** **FL** **33324**

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. I am familiar with, and accept the obligations of registered agent.

**James A. Bordonaro**  
**Assistant Secretary**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WRIGHT, MALCOLM J 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CLEARWATER FL 34624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD MYERS, MARIANNE 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CLEARWATER FL 34624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS CORMIER, KATHLEEN 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CLEARWATER FL 34624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, MARIANNE 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CLEARWATER FL 34624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUZAR, FREDERICK W 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CLEARWATER FL 34624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D 1062 Keene Rd Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1062 Keene Rd Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andy Bolnick 1062 Keene Rd Dunedin, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1062 Keene Rd Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Tighe 1062 Keene Rd Dunedin, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathleen A. Cormier**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kathleen A. Cormier** 3/27/03 (727) 738-0100

Date Daytime Phone #

CR2E034 (10/02)

Attachment

# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F02000001372**

1. Entity Name  
**AMERICAN VACATION RESORTS, INC.**



80079905

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CLEARWATER FL 34624**

Mailing Address  
**17757 U.S. HIGHWAY 19 NORTH, SUITE 400  
CLEARWATER FL 34624**

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3. Mailing Address  
**1062 Keene Rd**

City & State  
**Dunedin, FL**

City & State  
**Dunedin, FL**

4. FEI Number  
**59-3515141**

Applied For  
Not Applicable

Zip Country  
**34698 USA**

Zip Country  
**34698 USA**

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## 6. Name and Address of Current Registered Agent

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CLEARWATER FL 34624**

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**Plantation** FL Zip Code  
**33324**

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**James A. Bordonaro**  
**Assistant Secretary**

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to: Florida Department of State**

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PC  
WRIGHT, MALCOLM J  
17757 U.S. HIGHWAY 19 NORTH, SUITE 400  
CLEARWATER FL 34624** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COOD  
MYERS, MARIANNE  
17757 U.S. HIGHWAY 19 NORTH, SUITE 400  
CLEARWATER FL 34624** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFOS  
CORMIER, KATHLEEN  
17757 U.S. HIGHWAY 19 NORTH, SUITE 400  
CLEARWATER FL 34624** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MYERS, MARIANNE  
17757 U.S. HIGHWAY 19 NORTH, SUITE 400  
CLEARWATER FL 34624** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PAUZAR, FREDERICK W  
17757 U.S. HIGHWAY 19 NORTH, SUITE 400  
CLEARWATER FL 34624** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P,D  
1062 Keene Rd  
Dunedin, FL 34698** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1062 Keene Rd  
Dunedin, FL 34698** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Andy Bolnick  
1062 Keene Rd  
Dunedin, FL 34698** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1062 Keene Rd  
Dunedin, FL 34698** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Mike Tighe  
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Dunedin, FL 34698** ☐ Change ☒ Addition

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SIGNATURE: **Kathleen A. Cormier** **3/27/03** **(727) 738-0100**