2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F02000001372 **DOCUMENT #**

1. Entity Name

AMERICAN VACATION RESORTS, INC.



FILED Apr 14, 2003 8:00 am Secretary of State
04-14-2003 90354 046 ***150.00

| GO WE IN |
|----------|

| Principal Place 17757 U.S. HIG CLEARWATER | HWAY 19 NORTH, SUITE 400 | | Mailing Address 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CLEARWATER FL 34624 | | | | | | |
|---|--|-----------------------------|--|---------------------|-----------------------|--|---|-------------------------------------|---------------------------|
| 2. Principal Pl | ace of Business | 3. Mailing Address | | , | | | IIII st iii fi iii i i | i o s in ega insis fi | 1010 1141 1461 |
| 1062 Keene Rd 1062 Keene | | | | <u> </u> | | • | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | CHECK HERE | IF MAKING | CHANGES | |
| City & State | | | | 4. FEI Number 59 - | | | 15141 | | plied For t Applicable |
| Zip 34698 | Country Zip | | | try S A | 5. Ceri | tificate of Status Desired | | 8.75 Add | |
| 27 W 7° 6 | 6. Name and Address of Curren | | | | 7. Nап | ne and Address of New | | | |
| | | | | Name č | rnoratio | n System | | | |
| WRIGHT, N | NALCOLM J | | | Steet-Add | ress (P.O. Box I | Vumber is Not Acceptable | le) | | · · |
| 17757 U.S. | . HIGHWAY 19 NORTH, SUITE 4 | 100 | | ~17200° | 'S." Pine | Number is Not Acceptabl ISTand Road | | | |
| CLEARWAT | TER FL 34624 | | | | | | | | |
| | | · | | ^{Ci} ⊅1ant | ation | | FL | Zig 3332 | 4 |
| 8. The above | named entity submits this statement | for the purpose of chang | ging its registere | | | or both, in the State of F | lorida. I am fa | | |
| , the obligation | ons of registered agent. | 22- | | | | | | | Ì |
| SIGNATURE | 4 | 7 | | | ASSISTA | nt Secretary | | | |
| | Signature, typed of frinted name of registered ager | and title if applicable. | (NOTE: Registered | d Agent signature r | required when reinsta | ting) | DATE | | |
| After | LE NOW!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 | | | | | 9. Election Campaign Fi Trust Fund Contribution | | | O May Be to Fees |
| | Payable to Florida Department | | 1 44 | | 100 | CONO IOUANOEO TO OF | FIOTOC AND | DUDEOTODO | |
| IO. | OFFICERS ANI | D DIRECTORS Delete | 11. | : | ADDIT | IONS/CHANGES TO OF | | ☐ Change | Addition |
| NAME STREET ADDRESS | WRIGHT, MALCOLM J 17757 U.S. HIGHWAY 19 NORT CLEARWATER FL 34624 | , , | NAM! STRE | | | 7 | | Change | Addition |
| | COOD | □ Delete | e TITLE | P | ,D | | : | ₩ Change | ☐ Addition |
| | MYERS, MARIANNE | | NAMI | E | | | | | |
| STREET ADDRESS | 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 | | | I . | 062 Keen | | | | İ |
| CITY-ST-ZIP | CLEARWATER FL 34624 | | | | Dunedin, | FL 34698 | • | | |
| | CFOS | ☐ Delete | | | | | | Change | ☐ Addition |
| | CORMIER, KATHLEEN 17757 U.S. HIGHWAY 19 NORT | H SHITE AND | NAMI STRE | 1 | 062 Kee | ne Rd | | | |
| | CLEARWATER FL 34624 | IN OOHE TOO | | | | FL 34698 | | - | { |
| | D | 🔀 Deleti | e TITLE | |) | , | | Change | Addition |
| NAME | MYERS, MARIANNE | | NAM | E Å | indy Bolo | ii ite . | | | |
| | 17757 U.S. HIGHWAY 19 NORT | H, SUITE 400 | | ET ADDRESS N | SG Z Kee | ne Rd | | | |
| | CLEARWATER FL 34624 | | | | Dunedin, | FL 34698 | | | |
| | DALIZAD EDEDEDIĆK W | ☐ Delete | NAMI | I . | | | | 🔀 Change | ☐ Addition |
| | PAUZAR, FREDERICK W 17757 U.S. HIGHWAY 19 NORT | H SHITE 400 | | | 062 Keer | e Rd | | | |
| | CLEARWATER FL 34624 | 11, JUNE 700 | | 1 | | CL 34698 | | | |
| TITLE | | ☐ Delete | TITLE | | | | , | ☐ Change | Addition |
| NAME | | | NAM | : 'n | nike Tig | he a . | | - | { |
| STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | | | <u> </u> | FL 34698 | | | |
| i hereby c | ertify that the information supplied wi | th this filing does not qui | alify for the exe | nption stated | Lin Section 119 | .07(3)(i), Florida Statutes. | I further certi | y that the in | formation |

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. Kathleen A.

Cormier

2003 FOR PROFIT CORPOR UNIFORM BUSINESS REPORT (UBR

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AMERICAN VACATION RESORTS, INC.



Principal Place of Business Mailing Address 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CLEARWATER FL 34624 CLEARWATER FL 34624 2. Principal Place of Business 3. Mailing Address Keene Rd Keene Kd 1062 1062 Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 3515141 Dunedin Dunedin Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 34698 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT Corporation System WRIGHT, MALCOLM J Streat Address (P.O. Box Number is Not Acceptable) 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CLEARWATER FL 34624 ^C†∕lantation ²33324 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 or both in the State of Florida. I am familiar with, and accept the obligations of registered agent or both in the State of Florida. the obligations of register Assistant Secretary DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed o rinted name of registered age and title if ac FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE PC TITLE Change Delete WRIGHT, MALCOLM J NAME NAME 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34624 CITY-ST-ZIP Change ☐ Addition COOD ☐ Delete TITLE NAME MYERS, MARIANNE NAME 1062 Keene Rd STREET ADDRESS STREET ADDRESS 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34624** Dunedin, FL 34698 TITLE 🔀 Change Addition ☐ Delete NAME Cormier, Kathleen 1062 Keene Rd STREET ADDRESS STREET ADDRESS 17757 U.S. HIGHWAY 19 NORTH, "SUITE" 400" CITY-ST-ZIP CITY-ST-ZIP Dunedin FL CLEARWATER FL 34624 34698 Change Addition TITLE TITLE 🔀 Delete Andy Bolnicke 1062 Keene Rd NAME NAME MYERS, MARIANNE STREET ADDRESS STREET ADDRESS 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CITY - ST - ZIP CITY-ST-ZIP Dunedin, FL CLEARWATER FL 34624 34698 ☐ Delete ☐ Addition TITLE TITLE Change NAME PAUZAR, FREDERICK W NAME 1062 Keene Rd STREET ADDRESS STREET ADDRESS 17757 U.S. HIGHWAY 19 NORTH, SUITE 400 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34624 Dunedin, FL ☐ Change Addition TITLE Delete TITLE mike Tighe 1062 Keene

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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

Kathleen A. Cormier 3/27/03

Dunedin, FL 34698