

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F92000000720**

1. Entity Name

VACATION PROPERTIES, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90017 011 ***150.00

Principal Place of Business

**ONE MELLON BANK CENTER, SUITE 4850
PITTSBURGH PA 15258-0001**

Mailing Address

**ONE MELLON BANK CENTER
SUITE 772
PITTSBURGH PA 15258-0001
US**

U U S S U U



DO NOT WRITE IN THIS SPACE

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 **62-1306912**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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)

DATE

9. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCD	WHITE, SHERMAN L	ONE MELLON BANK CENTER, ROOM 1535	PITTSBURGH PA 15258	<input type="checkbox"/>
T	PARNELL, VICKI K	ONE MELLON BANK CENTER, ROOM 5325	PITTSBURGH PA 15258	<input checked="" type="checkbox"/>
V	POPKO, KENNETH H	ONE MELLON BANK CNTR ROOM 1535	PITTSBURGH PA 15258	<input checked="" type="checkbox"/>
S	HEISER, JOSEPH P	ONE MELLON BANK CNTR ROOM 4826	PITTSBURGH PA 15258	<input type="checkbox"/>
AT	SCIULLO, JOANNE E	ONE MELLON BANK CENTER, ROOM 772	PITTSBURGH PA 15258	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	One mellon Center Room 1535	Pittsburgh, PA 15258-0001		<input checked="" type="checkbox"/>
	Albert W. Larimer	One mellon Center Room 4802	Pittsburgh, PA 15258-0001	<input checked="" type="checkbox"/>
	Don A. Langford	One mellon Center, Room 1525	Pittsburgh, PA 15258-0001	<input checked="" type="checkbox"/>
	One mellon Center, Room 4826	Pittsburgh, PA 15258-0001		<input checked="" type="checkbox"/>
	One mellon Center, Room 772	Pittsburgh, PA 15258-0001		<input checked="" type="checkbox"/>
				<input type="checkbox"/>

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 807, 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 #