

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State
 09-19-2002 90154 017 ***558.75

DOCUMENT # F93000003217

1. Entity Name
AUS-VACATIONS, INC.

Principal Place of Business
NATIONS BANK TOWER
1 FINANCIAL PLACE, SUITE 140
FT. LAUDERDALE FL 33394

Mailing Address
NATIONS BANK TOWER
1 FINANCIAL PLACE, SUITE 140
FT. LAUDERDALE FL 33394

80139283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3395235**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

UNITED CORPORATE SERVICES INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PS
BAKER, JAMES ☐ Delete
9841 AIRPORT BLVD, #1402
LOS ANGELES CA 90045

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition
BAKER, ALLAN JAMES
4435 SOUTH BUFFALO DRIVE
LAS VEGAS, NV 89147

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D ☒ Delete
COPPING, ELIZABETH L
#3 SANTA CRUZ, 56-60 SANTA CRUZ BLVD
CLEAR ISLAND WATERS AU QLD-4226

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP ☐ Delete
ATKINSON, SHARON
51 E 42ND STREET #616
NEW YORK NY 10017

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP OPERATIONS ☒ Change ☐ Addition
ATKINSON, SHARON
90 JOHN ST, SUITE 305
NEW YORK, NY 10038

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP FINANCE ☐ Change ☒ Addition
NED BARR, NICOLE
4435 SOUTH BUFFALO DRIVE
LAS VEGAS, NV 89147

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP MARKETING ☐ Change ☒ Addition
SIMON CLARK
90 JOHN STREET, SUITE 305
NEW YORK, NY 10038

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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 607, 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 #

CR2E034 (4/02)