

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90030 001 ***300.00

33816



DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000004048

1. Entity Name
ADVANTAGE VACATION HOMES BY STYLES, INC.

Principal Place of Business: **7799 STYLES BLVD, KISSIMMEE FL 34747**
 Mailing Address: **530 OAK COURT DRIVE, SUITE 360, MEMPHIS TN 38117**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number **58-2498295** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	PSD LINES, JOHN K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	530 OAK COURT DRIVE, SUITE 360	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE NAME	ALDY, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	530 OAK COURT DRIVE, SUITE 360	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	CEO & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	DAVID L. LEWINE 530 OAK COURT DR, SUITE 360	
CITY-ST-ZIP	MEMPHIS, TN 38117	
TITLE NAME	VP & TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	DAVID SEBERG 530 OAK COURT DR, SUITE 360	
CITY-ST-ZIP	MEMPHIS, TN 38117	
TITLE NAME	ASST SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	KEVIN B STANARD 530 OAK COURT DR, SUITE 360	
CITY-ST-ZIP	MEMPHIS, TN 38117	
TITLE NAME	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	JEAN STYLES 7799 STYLES BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE NAME	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	SCOTT MURPHY 530 OAK COURT DR, SUITE 360	
CITY-ST-ZIP	MEMPHIS, TN 38117	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Sean E Styles President Date: _____ Daytime Phone #: 407-396-2262

CR2E034 (10/00)