

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

H03046

1. Entity Name

Great Escapes Marketing, Inc.

Principal Place of Business

5942 34th St W
STE 107
Bradenton FL 34210
USA

Mailing Address

703 Tropical Dr
Bradenton FL 34208

2. Principal Place of Business

5942 34th St W
Suite, Apt. #, etc.
Suite 107

3. Mailing Address

703 Tropical Dr
Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34210

Country

USA

Zip

34208

Country

USA

6. Name and Address of Current Registered Agent

Scroggin, Jill
4403 Lajolla Drive
Bradenton FL 34210

7. Name and Address of New Registered Agent

Name Karen R. Lewander
Street Address (P.O. Box Number is Not Acceptable)
703 Tropical Dr
City Bradenton FL Zip Code 34208

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 Karen R. Lewander Karen R. Lewander 4/16/00
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, 2000 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	PD Karen Lewander 703 Tropical Dr Bradenton FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kim A. Berry 5942 34th St W Su 107 Bradenton FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Walter Cy mansky 5942 34th St W Su 107 Bradenton FL 34210	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walter Cy mansky remove	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003264027-1 -05/23/00-01105-011 *****75.70 *****75.70	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Karen R. Lewander Karen R. Lewander 4/16/00 9417469022
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED

00 MAY 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)