## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## H97819 **DOCUMENT #**

VINTAGE VACATIONS, INC.



**FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90975 003 \*\*\*150.00

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Principal Place of Business 13716 LITTLE RD. HUDOSN FL 34667 US		13716	Mailing Address 13716 LITTLE RD. HUDSON FL 34667 US				1 / <b>12/1</b> 4/1 41/14 (31/1/ 1840)	(6)81 (1818 <u>:</u> 811 6)6	ii 81311 81311 81211	<b>818</b> 11 <b>813</b> 11 1881	
2. Principal	Place of Business	<b>3.</b> Ma	3. Mailing Address								
Suite, Apr	t. #, etc.	Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-2633165				Applied For	7
Zip Country			Zip Country		···	5. Certificate of Status Desired \$8.				Not Applicable  75 Additional	
6. Name and Address of Current Registered Agent				<del>'                                    </del>		7 N/	ame and Address of	Many Day Jahan			4
				<del>   ,</del>	Vame	/. IN	allie and Address of	New Hegister	a Agent		4
POPPELR	EITER, CHARLES		Ivanie								
9720 VIA	SEGOVIA		Street Address			(P.O. Box Number is Not Acceptable)					
NEW PT.	Richey Fl 34655 💯 💎							<u>-</u> -			7
					City	Zip Code				de	-
8. The above	e named entity submits this s	statement for the purp	ose of changing its	registered o	office or register	red ager	nt, or both, in the State	of Florida La	m familiar with	and accept	$\dashv$
the obliga	tions of registered agent.		* *	J			in or soun, in the citate	or rionda, ra	in animal with	, and accept	
	Sign 1										1
SIGNATURE	Signature, typed or printed name of re	enistered agent and title if age	Vicable (NOTE				<del> </del>				
		- agent and the frapp	(NOTE	:: negistered Age	ent signature required	d when reins	stating)	DATE	Ē		
	Tile now!!! Fee is \$1										1
Afte	r May 1, 2003 Fee will be	e \$550.00					9. Election Campai		\$5.0	<b>00</b> May Be	
Make Check	k Payable to Florida Dep	artment of State				i	Trust Fund Contr	ibution.	Adde	d to Fees	
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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 emocrate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR PLANT CARE CONTROL 2-20.03 SIGNATURE:

727868.2577