

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90242 007 ***150.00

DOCUMENT # K16505

1. Entity Name
VACATION STATION, INC.

Principal Place of Business
**100 N ATLANTIC AVE
 BEACH FL 32118**

Mailing Address
**P.O. BOX 265174
 DAYTONA BEACH FL 32126-5174
 US**

2. Principal Place of Business
100 EAST GRANADA BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
ORMOND BEACH, FL

City & State
 City & State

Zip
32176

Country
US

Zip
 Zip

Country
 Country

4. FEI Number
59-2883723

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**REINMAN, JAMES L. ESQ.
 REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A.
 400 S. ATLANTIC AVE., STE. 112
 ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent
 Name
VAUGHAN, KATHRYN, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
110 EAST GRANADA BLVD., SUITE 104
 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  **4/26/00**
 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**

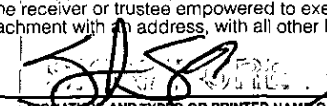
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV SCHLOSSBERG, STEVE 9 WATERBERRY CIRCLE ORMOND BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANDEL, MARTIN M 21 RIVER RIDGE TRAIL ORMOND BEACH FL 32174	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTELLI, LARRY 10 TALAQUAH BLVD ORMOND BEACH FL 32174	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1601 N. HALIFAX AVE DAYTONA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  **4/26/00 (904) 257-2026**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)