

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K16505**

1. Entity Name

VACATION STATION, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90055 016 ***150.00

Principal Place of Business

100 EST GRANADA BLVD
ORMOND BEACH FL 32176
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

100 EAST GRANADA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH, FL.

Zip

Country

Zip

Country

321764. 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

7. Name and Address of New Registered Agent

VAUGHAN, KATHRYN ESQ
REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A.
110 EAST GRANADA BLVD SUITE 104
ORMOND BEACH FL 32176

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DSV		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SCHLOSSBERG, STEVE	1601 N HALIFAX AVE	DAYTONA BEACH FL				
	D P		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KANDEL, MARTIN M	21 RIVER RIDGE TRAIL	ORMOND BEACH FL 32174				
	D V P		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	COLTELLI, LARRY	10 TALAQUAH BLVD	ORMOND BEACH FL 32174				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-01

904 257-2026

Date

Daytime Phone #

CR2E034 (10/00)