

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007243

**DOCUMENT #** L00000010684  
**1. Entity Name**  
 TAKEMEONVACATION.COM, LLC

**FILED**  
 01 JUN 21 PM 12:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**                      **Mailing Address**  
 2900 GATEWAY DRIVE                      2900 GATEWAY DRIVE  
 POMPANO BEACH FL 33069                      POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**                      **3. Mailing Address**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                      City & State  
 Zip                      Country                      Zip                      Country

**4. FEI Number**                      Applied For  
 65-1035863                      Not Applicable  
**5. Certificate of Status Desired**                       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 GELET, PAMELA  
 2900 GATEWAY DRIVE  
 POMPANO BEACH FL 33069

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin m Sheehan mem 2900 Gateway Dr Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004451835--0 -06/29/01--01058--002 ****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11.** 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* **Controller**                      Date: 4/29/01                      (954) 283-5013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)