

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013672

1. Entity Name

AVALON VACATION VILLAS, LLC

Principal Place of Business

1165 NICKI RIDGE COURT
KISSIMMEE FL 34747

Mailing Address

1165 NICKI RIDGE COURT
KISSIMMEE FL 34747

2. Principal Place of Business

1116 RUSH STREET

3. Mailing Address

1116 RUSH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION FL

City & State

CELEBRATION FL

Zip

34747

Country

OSCEOLA

Zip

34747

Country

OSCEOLA

FILED

01 AUG 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3677401

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S. ORLANDO AVE.
KISSIMMEE FL 34741

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MEMBER
NAME CHARLES NICOTRA
STREET ADDRESS 1116 RUSH STREET
CITY-ST-ZIP CELEBRATION FL 34747

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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:

Charles Nicotra

REQUIRED

8/16/01

407-566-9585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STATE CHECK HERE