

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90616 014 ****50.00

DOCUMENT # L02000007159

1. Entity Name
VACATION CONCEPTS LLC



Principal Place of Business
**25 TOWN CENTER BLVD
CLERMONT, FL 34711 US**

Mailing Address
**9809 BUCKHEAD COURT
WINDERMERE, FL 34786 US**

2. Principal Place of Business
9809 BUCKHEAD CT.
Suite, Apt. #, etc.

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



☒ CHECK HERE IF MAKING CHANGES

City & State
WINDERMERE, FL
Zip
34786 Country
US

City & State
Zip
Country

4. FEI Number
01-0645543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAY, SYLVIA J
9809 BUCKHEAD COURT
WINDERMERE, FL 34786**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent's signature required when electing)

DATE

FILE NOW WITH FEE OF \$450.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MAY PROPERTIES INC.
9809 BUCKHEAD COURT
WINDERMERE, FL 34786** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ORLANDO TOURIST & TRAVEL BUREAU INC
11326 CARRIAGE DRIVE
ORLANDO, FL 32837** ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/MGR
JURGEN G. MAY
9809 BUCKHEAD CT.
WINDERMERE, FL 34786** ☒ 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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

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

JURGEN G. MAY

4/02/03

407-758-3640

Date

Daytime Phone #

CR2E083 (10/02)