

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000297

1. Entity Name
DISCOVERY VACATION MARKETING, L.C.

FILED

01 JAN 24 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5800 GULF BLVD., #126
ST PETERSBURG BEACH FL 33706

Mailing Address
5800 GULF BLVD., #126
ST PETERSBURG BEACH FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. -FEI Number 65-0732996

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARALAMBOUS, DIMITRIOUS
5800 GULF BLVD., E126
ST PETE BEACH FL 33706

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 _____

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
MGR CHARALAMBOUS, DIMITRIS C
STREET ADDRESS 8 POSIDONOS AVENUE
CITY-ST-ZIP TROKADERO, 175-61 P. FAIRONOC GREEC-E

TITLE NAME
MGR HARALAMBOUS, DIMITRIOUS
STREET ADDRESS 14321 - 84 TER
CITY-ST-ZIP SEMINOLE FL 33776

TITLE NAME
MGR MONTERO, LOU
STREET ADDRESS 211 N.W. 154TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 of 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

1/13/01 727-3601922
Date Daytime Phone #

CR2E083 (11/00)