

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
--AND  
FILED

00 MAY -4 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000890

1. Entity Name

AMERICAN VACATION PROFESSIONALS, L.C.

Principal Place of Business

9241 HIDDEN BAY LANE  
ORLANDO FL 32819

Mailing Address

9241 HIDDEN BAY LANE  
ORLANDO FL 32819-4859

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

59-3554725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALONE, JOHN B  
9241 HIDDEN BAY LANE  
ORLANDO FL 32819

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM  
KYCOR LTD, INC.  
STREET ADDRESS 9241 HIDDEN BAY LANE  
CITY- ST- ZIP ORLANDO FL 32819

TITLE NAME ☐ Change ☐ Addition  
600003269176--2  
-05/26/00--01108--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
MGRM  
HEWITT, RANDALL  
STREET ADDRESS P.O. BOX 771424  
CITY- ST- ZIP ORLANDO FL 32877

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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 OR MANAGER

Date

Daytime Phone #

JOHN B. MALONE 5/1/00 407-909-9006

CR2E083 (9/99)