

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M38599

1. Entity Name

SOUTHERN VACATIONS, INC.

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90105 007 \*\*\*150.00

Principal Place of Business  
2111 EAST HIGHLAND AVE  
SUITE 210  
PHOENIX AZ 85016  
US

Mailing Address  
2111 EAST HIGHLAND AVE  
SUITE 210  
PHOENIX AZ 85016  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State  
Zip Country

4. FEI Number **86-0578044**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GREENSPOON & MARDER, P.A.**  
**100 W. CYPRESS CREEK ROAD**  
**SUITE 700**  
**FT LAUDERDALE FL 33309**

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	STONE, NANCY J.	2111 E. HIGHLAND AVENUE, SUITE 210 PHOENIX AZ 85016			
	MARTORI, JOSEPH P	2111 E. HIGHLAND AVENUE, SUITE 210 PHOENIX AZ 85016			
	WALLACH, GEORGE C	2111 E. HIGHLAND AVENUE, SUITE 210 PHOENIX AZ 85016			
	CASTRONOVA, STEPHANIE	2111 E. HIGHLAND AVENUE, SUITE 210 PHOENIX AZ 85016			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy J. Stone Nancy J. Stone, Vice Pres. 2/12/01 602-957-2777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #