

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M82445

1. Entity Name

ADVANCED SOUTHERN VACATIONS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90120 006 ***150.00

Principal Place of Business

Mailing Address

5109 GLADE CT
P.O. BOX 1099
CAPE CORAL FL 33810
US

5117 CASTELLO DR
SUITE 1
NAPLES FL 34133-0279
US

C0040545



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs, FL

4. FEI Number

65-0092259

Applied For

Not Applicable

Zip

Country

Zip

Country

34133

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMBURN, JAMES W
5117 CASTELLO DR
STE 1
NAPLES FL 3413

Name

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

28000 Spanish Wells Blvd

City

Bonita Springs

FL

Zip Code

34135

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WINTER, WERNER F. D-27793 WILDESHAUSEN WEST GE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINTER, WERNER F. 2878 WIDESHAUSEN WEST GERMANY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINTER, KLAUS-PETER D-31867 MESSENKAMP WEST GE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYER, NORBERT D-45145 ESSEN WEST GE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WERNER F. WINTER 02 FEB 2000 (941) 649-1152

CR2E014 (9/98)