

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2000 90120 006 ***150.00

DOCUMENT # M82445

1. Entity Name

ADVANCED SOUTHERN VACATIONS, INC.

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, WERNER F.		NAME		
STREET ADDRESS	D-27793 WILDESHAUSEN		STREET ADDRESS		
CITY-ST-ZIP	WEST GE		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, WERNER F.		NAME		
STREET ADDRESS	2878 WIDESHAUSEN		STREET ADDRESS		
CITY-ST-ZIP	WEST GERMANY		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, KLAUS-PETER		NAME		
STREET ADDRESS	D-31867 MESSENKAMP		STREET ADDRESS		
CITY-ST-ZIP	WEST GE		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, NORBERT		NAME		
STREET ADDRESS	D-45145 ESSEN		STREET ADDRESS		
CITY-ST-ZIP	WEST GE		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E014 (3/98)