

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

07-24-2001 90018 019 ****70.00

DOCUMENT # N00000000535

1. Entity Name

ANNUAL HOLIDAY MAGIC EXTRAVAGANZA OF WESTON, INC

Principal Place of Business

300 S. PINE ISLAND RD., SUITE 250
 PLANTATION FL 33324

Mailing Address

300 S. PINE ISLAND RD., SUITE 250
 PLANTATION FL 33324

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

65-1032904

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHONE, JOYCE
 300 S. PINE ISLAND RD., SUITE 250
 PLANTATION FL 33324

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 remitting)

DATE

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE: PRESIDENT
 NAME: JOYCE RHONE
 STREET ADDRESS: 689 FOX CREEK CT.
 CITY-ST-ZIP: WESTON, FL 33327

TITLE: NEVILLE RHONE
 NAME: NEVILLE RHONE
 STREET ADDRESS: 689 FOX CREEK CT.
 CITY-ST-ZIP: WESTON, FL 33327

TITLE: COLIN ROBINSON
 NAME: COLIN ROBINSON
 STREET ADDRESS: 17645 NW 27th AV
 CITY-ST-ZIP: MI. FL 33086

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TITLE:
 NAME:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-16-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)