

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90095 006 ****70.00

DOCUMENT # **N000000000335**

1. Entity Name **ANNUAL HOLIDAY MAGIC
EXTRA VAGANZA OF
WESTON INC. - ✓**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
689 FOX CREEK CT FOX CREEK CT.
Suite, Apt. #, etc.

3. Mailing Address
689
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WESTON, FL.
Zip
33327 Country
USA

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WESTON, FL.
Zip
33327 Country
USA

4. FEI Number
65-1032904
Applied For
Not Applicable

5. Certificate of Status Desired **X** **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOYCE RHONE**
Street Address (P.O. Box Number is Not Acceptable)
689 FOX CREEK CT.
City **WESTON** FL Zip Code
33327

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 _____

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME **JOYCE RHONE D**
STREET ADDRESS
(PRESIDENT) **689**
CITY-ST-ZIP **FOX CREEK CT. WESTON**
33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **NEVILLE RHONE TR.**
STREET ADDRESS
689 FOX CREEK CT D
CITY-ST-ZIP **WESTON FL. 33327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **NEVILLE RHONE SR**
STREET ADDRESS
689 FOX CREEK CT D
CITY-ST-ZIP **WESTON FL. 33327**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Joyce Rhone (JOYCE RHONE)** **6-1-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037B (12/01)

6-1-83 Attachment #

80124195

Please note I did not get
forms for "Holiday Magic
Extravaganza" for UBR filing.
I was informed that a
form was sent, but I
did not receive same.
I had called to find
out when it was due as
I had no communication
with the Division of Corp.
So I am now sending
this in.

Thank You,

Jayne Rhone