

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001880

1. Entity Name

FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, IN

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90131 005 ****61.25

| | |
|---|--|
| Principal Place of Business 222 S WESTMONTE DR., STE 101 ALTAMONTE SPRINGS FL 32714 | Mailing Address 222 S WESTMONTE DR., STE 101 ALTAMONTE SPRINGS FL 32714-4268 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-3255457 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent GENE CHEATHAM 222 S WESTMONTE DR., STE 101 ALTAMONTE SPRINGS FL 32714 |
|---|

| | |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Willard S. Kautter | |
| Street Address (P.O. Box Number is Not Acceptable) 222 S. Westmonte Drive Ste. 101 | |
| City Altamonte Springs | FL Zip Code 32714 |

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 _____

**FILE NOW:
FEE IS \$61.25**

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, ALLEN C 1648 PERIWINKLE WAY SANIBEL FL 33957 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRAUL, BRUCE 35000 EMERALD COAST DESTIN FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BROOKS, CANDEE JONES 9521 S ORANGE BLOSSOM TR ORLANDO FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOODY, GENE 701 CAROLINE ST. KEY WEST FL 33040 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOWIE, R. BRENTON 1700 MCMULLEN BOOTH RD, B-5 CLEARWATER FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GENE CHEATHAM 222 S WESTMONTE DR., STE 101 ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Janice Diaz 2973 Vineland Road Kissimmee, FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Don Blevins 3401 N. Tamiami Trail #207 Naples, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Willard S. Kautter 222 S. Westmonte Drive Ste. 101 Altamonte Springs, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)