

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001880

1. Entity Name

FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, INC

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90040 024 \*\*\*\*61.25

C0044977



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3255457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAUTTER, WILLARD S  
222 S WESTMONTE DR., STE 101  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

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 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          | P                            | <input type="checkbox"/> Delete            |
| NAME           | WILLIAMS, ALLEN C            |  |
| STREET ADDRESS | 1648 PERIWINKLE WAY          |  |
| CITY-ST-ZIP    | SANIBEL FL 33957             |  |
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | DIAZ, JANICE                 |  |
| STREET ADDRESS | 2973 VINELAND RD             |  |
| CITY-ST-ZIP    | KISSIMMEE FL 34746           |  |
| TITLE          | STD                          | <input type="checkbox"/> Delete            |
| NAME           | BROOKS, CANDEE JONES         |  |
| STREET ADDRESS | 9521 S ORANGE BLOSSOM TR     |  |
| CITY-ST-ZIP    | ORLANDO FL                   |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | MOODY, GENE                  |  |
| STREET ADDRESS | 701 CAROLINE ST.             |  |
| CITY-ST-ZIP    | KEY WEST FL 33040            |  |
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | BLEVINS, DON                 |  |
| STREET ADDRESS | 3401 N TAMiami TRAIL #207    |  |
| CITY-ST-ZIP    | NAPLES FL 34103              |  |
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | KAUTTER, WILLARD S           |  |
| STREET ADDRESS | 222 S WESTMONTE DR., STE 101 |  |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | P                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Needles, Marv         |  |
| STREET ADDRESS | 901 N Collier Blvd    |  |
| CITY-ST-ZIP    | Marco Island FL 34145 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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: Willard S. Kautter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-01

Date

407-774-7880

Daytime Phone #

CR2E037 (10/00)