

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005227

1. Entity Name

KISSIMMEE VACATION HOMES MANAGEMENT, INC.

Principal Place of Business

1632 NECTARINE TRAIL
CLERMONT FL 34711

Mailing Address

1632 NECTARINE TRAIL
CLERMONT FL 34711

2. Principal Place of Business

2303 Hamlin Trail

3. Mailing Address

2303 Hamlin Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-3640146

Applied For

Not Applicable

Zip

Country

34711 USA

Zip

Country

34711 USA

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

HOLLAND, TINA M
606 BROOKE CT.
CLERMONT FL 34711

Name Tina M. Holland
Street Address (P.O. Box Number is Not Acceptable)
2303 Hamlin TR.

City Clermont, FL FL 34711

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

Tina M. Holland President

4-10-01

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, 2001 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

TITLE ☐ Delete
NAME President
STREET ADDRESS Tina M. Holland
CITY-ST-ZIP 2303 Hamlin TR
Clermont, FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Rebekah Neeley
CITY-ST-ZIP 1632 Nectarine TR
Clermont, FL 34711

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Rebekah Neeley
CITY-ST-ZIP 1632 Nectarine TR
Clermont, FL 34711

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Tina M. Holland President

Date

Daytime Phone #

4-10-01 352-243
8669

CR2E034 (10/00)