

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90957 004 \*\*\*150.00

**DOCUMENT # P00000020103**

**1. Entity Name**  
**FLORIDA VACATION VENTURES, INC.**



**Principal Place of Business**  
**104 N. CHURCH STREET**  
**KISSIMEE FL 34741**

**Mailing Address**  
**104 N. CHURCH STREET**  
**KISSIMEE FL 34741**

**2. Principal Place of Business**  
**5728 Major Blvd**

**3. Mailing Address**  
**5728 Major Blvd.**

**Suite, Apt. #, etc.**  
**Suite 185**

**Suite, Apt. #, etc.**  
**Suite 185**

**City & State**  
**Orlando FL**

**City & State**  
**Orlando FL**

**Zip**  
**32819**

**Country**  
**USA**

**Zip**  
**32819**

**Country**  
**USA**

☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number**  
**59-3627274**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**A.G.C. CO.**  
**200 SOUTH ORANGE AVENUE**  
**SUITE 2300**  
**ORLANDO FL 32801**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003- Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |   |                                 |
|--|---|---------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>S</b><br><b>CAWAL, MAX P</b><br><b>922 CHAUNCEY COURT</b><br><b>OCOE FL 34761</b>    | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>PTD</b><br><b>EBERT, DIANNE</b><br><b>922 CHAUNCEY COURT</b><br><b>OCOE FL 34761</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |
|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5728 Major Blvd. Suite 185</b><br><b>Orlando, FL 32819</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5728 Major Blvd Suite 185</b><br><b>Orlando FL 32819</b>   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input 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 607, 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 #**

CR2E034 (10/02)