

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 90012 032 ***150.00

DOCUMENT # P00000025738

1. Entity Name

VACATION ISLAND, INC.

Principal Place of Business

**341 NORTH MAITLAND AVE., STE. 340
 MAITLAND FL 32751**

Mailing Address

**341 NORTH MAITLAND AVE., STE. 340
 MAITLAND FL 32751**

2. Principal Place of Business

951 North Lake Sybelia Drive Post Office Drawer 7540

3. Mailing Address

Suite, Apt. #, etc.

City & State

Maitland, Florida

City & State

Maitland, Florida

4. FEI Number

65-0991167

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32794-7540

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TATICH, PHILIP
 341 NORTH MAITLAND AVE., STE. 340
 MAITLAND FL 32751**

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

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP Oyler, Thomas L.
STREET ADDRESS	951 North Lake Sybelia Drive
CITY-ST-ZIP	Maitland, Florida 32751
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DST Darmoc, Dennis
STREET ADDRESS	1950 Legion Drive
CITY-ST-ZIP	Winter Park, Florida 32789
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Oyler, Lydia
STREET ADDRESS	951 North Lake Sybelia Drive
CITY-ST-ZIP	Maitland, Florida 32751
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Darmoc, Sherry
STREET ADDRESS	1950 Legion Drive
CITY-ST-ZIP	Winter Park, Florida 32789
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] **Dennis P. Darmoc Secretary**

Date

4/27/01

Daytime Phone #

407 951 8400

CR2E034 (10/00)