

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050850

1. Entity Name
LIBERTY VACATION HOMES (U.S.A.), INC.

Principal Place of Business
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

Mailing Address
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

DEL-GIUDICE, JACQUELINE
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME DEL-GIUDICE, JACQUELINE
STREET ADDRESS 4134 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE VPD
NAME DEL-GIUDICE, JOHN
STREET ADDRESS 4134 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE VPD
NAME FERRARA, FION KIM
STREET ADDRESS 4134 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *J. Del-Giudice* **SIGNATURE REQUIRED** DEL-GIUDICE 8/27/01 352-243-5139

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90093 014 ***550.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650214 Applied For Not Applicable

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

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