

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000050850

FILED  
Aug 12, 2002  
Secretary of State

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

**Current Principal Place of Business:**

4134 GULF OF MEXICO DRIVE  
SUITE 302  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

4134 GULF OF MEXICO DRIVE  
SUITE 302  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 59-3650214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEL-GIUDICE, JACQUELINE  
Address: 4134 GULF OF MEXICO DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VPD ( ) Delete  
Name: DEL-GIUDICE, JOHN  
Address: 4134 GULF OF MEXICO DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VPD ( ) Delete  
Name: FERRARA, FION KIM  
Address: 4134 GULF OF MEXICO DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE DEL-GIUDICE

PD

08/12/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date