2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000086224**

1. Entity Name
CARR VACATION SERVICES, INC

Principal Place of Business	Mailing Address
15510 BAY VISTA DR	15510 BAY VISTA DR
CLERMONT FL	CLERMONT FL
34711	34711

2. Principal Place of Business	3. Mailing Address
15755 BAY VISTA DR	15755 BAY VISTA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT FL	City & State: CLERMONT FL
Zip: 34711 Country:	Zip: 34711 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3701270 ☐ Applied For ☐ Not Applicable

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
CARR ALAN J	Name: CARR ALAN J
15510 BAY VISTA DR	Street Address (P.O. Box Number is Not Acceptable): 15755 BAY VISTA DR
CLERMONT FL	City: CLERMONT FL
34711	Zip Code: 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 ______________________ 04/24/2001
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	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	CARR DENISE M		NAME	CARR DENISE M	
STREET ADDRESS	15510 BAY VISTA DR		STREET ADDRESS	15755 BAY VISTA DR	
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	CARR ALAN J		NAME	CARR ALAN J	
STREET ADDRESS	15510 BAY VISTA DR		STREET ADDRESS	15755 BAY VISTA DR	
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: Alan Carr D 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #