

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092813

1. Entity Name

FOUR SEASONS VACATIONS & MANAGEMENT, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90316 028 ***150.00

Principal Place of Business

1106 WEST OAK STREET
SUITE "B"
KISSIMMEE FL 34744

Mailing Address

1106 WEST OAK STREET
SUITE "B"
KISSIMMEE FL 34744

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 423243
Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

Country

34744

Country

USA

4. FEI Number

59-3673843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALASPINA, DONNA
3250 PINWOOD COURT
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name Donna Malaspina
Street Address (P.O. Box Number is Not Acceptable)
2826 Osprey Cove Place # 203
City Kissimmee FL Zip Code 34746

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 Donna Malaspina

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

3/17/01

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 D ☐ Delete
NAME MALASPINA, DONNA
STREET ADDRESS 3250 PINWOOD COURT
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P, V, S, T, D ☒ Change ☐ Addition
NAME Donna Malaspina
STREET ADDRESS 2826 Osprey Cove Place # 203
CITY-ST-ZIP Kissimmee, FL 34746

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01

Date

Daytime Phone #

407 935 1079

CR2E034 (10/00)