

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096874

1. Entity Name

VACATION STATION USA, INC.

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90025 010 \*\*\*150.00

Principal Place of Business

4430 NE 16TH AVE  
OAKLAND PARK FL 33334

Mailing Address

4430 NE 16TH AVE  
OAKLAND PARK FL 33334

2. Principal Place of Business

75 E. PROSPECT RD.

3. Mailing Address

SAME



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

4C

Suite, Apt. #, etc.

City & State

OAKLAND PARK

City & State

OAKLAND PARK

4. FEI Number

65-10501073

Applied For

Not Applicable

Zip

33334

Country

BRN

Zip

33334

Country

BRN

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~COOK, CAROLYN S~~  
~~1131 NE 28TH TERRACE~~  
~~POMPANO BEACH FL 33062~~

7. Name and Address of New Registered Agent

Name: CINDY HILTY  
Street Address (P.O. Box Number is Not Acceptable): 4430 NE 16 AVE  
City: OAKLAND PARK FL 33334

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)

CINDY HILTY - PRES.

DATE

1/8/01

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: DP  
NAME: HILTY, CINDY  
STREET ADDRESS: 4430 NE 16TH AVE  
CITY-ST-ZIP: OAKLAND PARK FL 33334 ☐ Delete

TITLE: DV  
NAME: COOK, CAROLYN S  
STREET ADDRESS: 1311 NE 28TH TERRACE  
CITY-ST-ZIP: POMPANO BEACH FL 33062 ☒ Delete

TITLE: ~~DST-DV~~  
NAME: LONG, STEVEN  
STREET ADDRESS: 809 SW 12TH AVE  
CITY-ST-ZIP: FT LAUDERDALE FL 33312 ☐ 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:   
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)