

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91408 006 ***150.00

DOCUMENT # P00000098542
1. Entity Name
GRAND VACATION GETAWAYS, INC



DO NOT WRITE IN THIS SPACE

20041145

2. Principal Place of Business
1186 NE CLEVELAND
Suite, Apt. #, etc.

3. Mailing Address
2519 McMULLEN BOOTH
Suite, Apt. #, etc.
180

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip
33755 Country
USA

Zip
33761 Country
USA

4. FEI Number
59 3677686

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOHN HUMMEL IV

Street Address (P.O. Box Number is Not Acceptable)
1624 CAGO VISTA

City
PALM HARBOR FL Zip Code
34685

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 4/30/03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~January 1 - May 1 Fee is \$150.00~~
~~After May 1, Fee is \$550.00~~
~~Amended UBR is \$61.25~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <u>PRESIDENT</u>	NAME <u>JOHN HUMMEL IV</u>	TITLE	
STREET ADDRESS <u>1624 CAGO VISTA</u>	CITY-ST-ZIP <u>PALM HARBOR, FL 34685</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JOHN HUMMEL IV PRESIDENT 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)