

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90073 018 ***150.00

DOCUMENT # P00000100251

1. Entity Name
CULTURAL VACATIONS, INC.

Principal Place of Business

~~40 EAST OSCEOLA STREET-~~
STUART FL 34994

Mailing Address

~~40 EAST OSCEOLA STREET~~
STUART FL 34994

80047433



2. Principal Place of Business
600 Caledonia Place

3. Mailing Address
600 Caledonia Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sanford, FL

City & State
Sanford, FL

4. FEI Number
65-1064598

Applied For
☐ Not Applicable

Zip
33771

Country
USA

Zip
33771

Country
USA

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

6. Name and Address of Current Registered Agent

FLOWERS, ROBERT J
~~**40 EAST OSCEOLA STREET**~~
~~**STUART FL 34994**~~

7. Name and Address of New Registered Agent

Name

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

400 Flamingo Avenue

City
Stuart,

FL

Zip Code
34996

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 *S. Fielding*

3/10/02

Signature, typed or printed name of registered agent and filer (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, 2002 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 **FLOWERS, ROBERT J**
STREET ADDRESS ~~**40 EAST OSCEOLA STREET**~~
CITY-ST-ZIP ~~**STUART FL 34994**~~

TITLE **P** ☐ Delete
NAME **FIELDING, SHAMIRA**
STREET ADDRESS ~~**40 EAST OSCEOLA STREET**~~
CITY-ST-ZIP ~~**STUART FL 34994**~~

TITLE **VP** ☐ Delete
NAME **FIELDING, ROGER**
STREET ADDRESS ~~**40 EAST OSCEOLA STREET**~~
CITY-ST-ZIP ~~**STUART FL 34994**~~

TITLE **T** ☐ Delete
NAME **REUBEN, JOEL**
STREET ADDRESS ~~**40 EAST OSCEOLA STREET**~~
CITY-ST-ZIP ~~**STUART FL 34994**~~

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **400 Flamingo Avenue**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **600 Caledonia Place**
CITY-ST-ZIP **Sanford, FL 33771**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **600 Caledonia Place**
CITY-ST-ZIP **Sanford, FL 33771**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **600 Caledonia Place**
CITY-ST-ZIP **Sanford, FL 33771**

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

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: *S. Fielding* **SHAMIRA FIELDING** 3/10/02 407-330-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)