

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90360 049 ***150.00

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AV

DOCUMENT # P00000100251

1. Entity Name
CULTURAL VACATIONS, INC.



Principal Place of Business
600 CALEDONIA PLACE
SANFORD FL 33771

Mailing Address
600 CALEDONIA PLACE
SANFORD FL 33771

2989 WEST STATE ROAD 434
SUITE 300 LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1064598

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

FLOWERS, ROBERT J
400 FLAMINGO AVENUE
STUART FL 34996

SHAMIRA FIELDING
2989 WEST STATE ROAD
SUITE 300
LONGWOOD FLORIDA

Name

Same

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

City

FL

Zip Code

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

R. Fielding

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 26/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME FLOWERS, ROBERT J
STREET ADDRESS 400 FLAMINGO AVENUE
CITY-ST-ZIP STUART FL 34996 ☒ Delete

TITLE P
NAME FIELDING, SHAMIRA
STREET ADDRESS 600 CALEDONIA PLACE
CITY-ST-ZIP SANFORD FL 33771 ☐ Delete

TITLE VP
NAME FIELDING, ROGER
STREET ADDRESS 600 CALEDONIA PLACE
CITY-ST-ZIP SANFORD FL 33771 ☐ Delete

TITLE T
NAME REUBEN, JOEL
STREET ADDRESS 600 CALEDONIA PLACE
CITY-ST-ZIP SANFORD FL 33771 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Fielding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26/03 407 788 8111
Date Daytime Phone #

CR2E034 (10/02)