

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90164 042 ***150.00

DOCUMENT # P00000101352

1. Entity Name
ORLANDO VACATIONS, INC.

Principal Place of Business
510 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

Mailing Address
510 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
3100 SAND-MINE RD
 Suite, Apt. #, etc.

3. Mailing Address
3100 Sand mine Rd.
 Suite, Apt. #, etc.

City & State
DAVENPORT, FL

City & State
Davenport FL

4. FEI Number **59-3695442**

Applied For
☐ **Not Applicable**

Zip **33897** **Country** **USA**

Zip **33897** **Country** **USA**

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

6. Name and Address of Current Registered Agent

MEADOWS, DAVID
510 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name **DAVID MEADOWS**
Street Address (P.O. Box Number is Not Acceptable) **400 SADDLEWORTH PLACE**
City **HEATHROW** **FL** **Zip Code** **32746**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **MEADOWS, DAVID M**
STREET ADDRESS **510 DOUGLAS AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: DAVID MEADOWS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **407.333.4216**
 Date Daytime Phone #

CR2E034 (9/01)