

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90134 041 \*\*\*158.75

**DOCUMENT # P01000073610**

1. Entity Name  
**FLORIDA SUNCOAST VACATIONS, INC.**



Principal Place of Business  
**1777 TAMiami TRAIL  
SUITE 400 - BOX 27  
PORT CHARLOTTE FL 33948**

Mailing Address  
**1777 TAMiami TRAIL  
SUITE 400 - BOX 27  
PORT CHARLOTTE FL 33948**

2. Principal Place of Business  
**13435 McCall Road**

3. Mailing Address  
**Same as # 2**

Suite, Apt. #, etc.

City & State  
**Port Charlotte, Florida**

Zip  
**33981**

Country  
**USA**

City & State

Zip Country

4. FEI Number **74-3026466**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CALLAN, ROBERT M  
1777 TAMiami TRAIL  
SUITE 400 - BOX 27  
PORT CHARLOTTE FL 33948**

## 7. Name and Address of New Registered Agent

Name  
**Gordon Murray A. Baker**

Street Address (P.O. Box Number is Not Acceptable)  
**13435 McCall Road**

**SUITE 4**

City  
**Port Charlotte**

**FL** Zip Code  
**33981**

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 **Gordon Murray A. Baker, President** **March 31, 2003**

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

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BAKER, GORDON MURRAY A	1777 TAMiami TRAIL - SUITE 400 - BOX 27	PORT CHARLOTTE FL 33948	<input type="checkbox"/>
ST	BAKER, JILLIAN	1777 TAMiami TRAIL - SUITE 400 - BOX 27	PORT CHARLOTTE FL 33948	<input type="checkbox"/>
D	MCCANDLESS, DAVID	1777 TAMiami TRAIL - SUITE 400 - BOX 27	PORT CHARLOTTE FL 33948	<input type="checkbox"/>
D	CALLAN, ROBERT M	1777 TAMiami TRAIL - SUITE 400 - BOX 27	PORT CHARLOTTE FL 33948	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 life empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/03**

Date

**941-255-9300**

Daytime Phone #

CR2E034 (10/02)