

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91226 044 ***150.00

DOCUMENT # P01000076995

1. Entity Name
GLOBAL VACATION DISCOUNT NETWORK, INC.

Principal Place of Business Mailing Address
3246 RIVERVIEW LN. **3246 RIVERVIEW LN.**
DAYTONA BEACH FL 32118-6218 **DAYTONA BEACH FL 32118-6218**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
265-36-2322 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, JEROME D ESQ
RIGGIO & MITCHELL, P.A.
400 S. PALMETTO AVE.
DAYTONA BEACH FL 32114

Name
 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.

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	JONES, BURT	
STREET ADDRESS	3246 RIVERVIEW LN.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118-6218	
TITLE	BY	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, GREGORY S	
STREET ADDRESS	3246 RIVERVIEW LN.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118-6218	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, JEROME D	
STREET ADDRESS	3246 RIVERVIEW LN.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118-6218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BART	
STREET ADDRESS	3246 RIVERVIEW LN	(SPELLING 6269 OR RELATION)
CITY-ST-ZIP	DAYTONA BEACH FL 32127-6218	6269 (ZIP)
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JEROME D	
STREET ADDRESS	3246 RIVERVIEW LN	6269
CITY-ST-ZIP	DAYTONA BEACH FL 32127-6218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: **BART JONES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 **386-252-4366**
Date Daytime Phone #

CR2E034 (9/01)