


10090345

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000073315			
1. Entity Name HOLIDAY HOMES & VILLAS OF FLORIDA, INC.			
Principal Place of Business 590 N. SEMORAN BOULEVARD ORLANDO, FL 32807		Mailing Address 590 N. SEMORAN BOULEVARD ORLANDO, FL 32807	
2. Principal Place of Business		3. Mailing Address 751 PINE MEADOWS RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO, FLORIDA	
Zip	Country	4. FEI Number 41-2049488	
32825	USA	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R. EDWARD COOLEY 1450 SR 434 WEST SUITE 200 LONGWOOD, FL 32750		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting.)</small>		DATE _____	
<p align="center">BE AWARE OF NEW FEES! After May 1, 2003, fees will be \$500.00. Make Check Payable to Florida Department of State.</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MARK L	NAME	
STREET ADDRESS	590 N. SEMORAN BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ANNE M	NAME	
STREET ADDRESS	590 N. SEMORAN BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 empowerments.			
SIGNATURE: <i>Mark L Allen</i>		Date: <i>4/22/03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <i>407-737-9797</i>	

CR03034 (10/02)