

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013447

1. Entity Name

FLORIDA HOLIDAYS INTERNATIONAL, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90134 016 ***150.00

Principal Place of Business

Mailing Address

1105 ANGELA RIDGE
KISSIMMEE FL 34746

1105 ANGELA RIDGE
KISSIMMEE FL 34747-1924



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7988 MAGNOLIA BEND

7988 MAGNOLIA BEND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3166505

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

34747

Country

USA

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

CARTWRIGHT, MARGARET
1105 ANGELA RIDGE
KISSIMMEE FL 34746

Name

S. TROKE-LOWE

Street Address (P.O. Box Numbers Not Acceptable)

7771 INDIAN RIDGE TRAIL NORTH

City

KISSIMMEE

FL

Zip Code

34747

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

[Signature]

S. J. TROKE-LOWE

1/10/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS BLUNDELL, PETER
CITY-ST-ZIP 11 MARKET HILL
SOUTHAM, WARWICKSHIRE, ENG

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LYDIARD, JAN
CITY-ST-ZIP 11 MARKET HILL
SOUTHAM, WARWICKSHIRE, ENG

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

P. Blundell PETER BLUNDELL

1/10/00

4073908111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)