

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90107 029 ***150.00

DOCUMENT # P93000010468

1. Entity Name
LIDO TOWERS VACATION RENTALS, INC.

Principal Place of Business: **1001 BEN FRANKLIN DR. SARASOTA FL 34236**
 Mailing Address: **1001 BEN FRANKLIN DR. SARASOTA FL 34236**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0392474	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
YODER, NANCY J 1001 BEN FRANKLIN DR. #100 SARASOTA FL 34236-2296			Name Bruce Rhoden				
			Street Address (P.O. Box Number is Not Acceptable) 5808 15th St. W.				
			City Bradenton		FL	Zip Code 34207	

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: Bruce Rhoden DATE: 4/13/01
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME: VPD MACKINNON, MICHAEL	<input type="checkbox"/> Delete	TITLE NAME: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1355 TANGLEWOOD COURT		STREET ADDRESS: Arnold, Rosalie	
CITY-ST-ZIP: WINDSOR ON N9J2K		CITY-ST-ZIP: 9 Golfview Drive	
TITLE NAME: SD LISTON, DAVID	<input checked="" type="checkbox"/> Delete	TITLE NAME: T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1001 BEN FRANKLIN DRIVE #303		STREET ADDRESS: Logansport, IN 46947	
CITY-ST-ZIP: SARASOTA FL 34236		CITY-ST-ZIP: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: P THOMPSON, RICHARD	<input type="checkbox"/> Delete	TITLE NAME: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: PO BOX 162, RYLAND RD N/A		STREET ADDRESS: VP	
CITY-ST-ZIP: WHITEHOUSE NJ		CITY-ST-ZIP: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: M RHODEN, BRUCE	<input type="checkbox"/> Delete	TITLE NAME: S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5808 15HT ST. W.		STREET ADDRESS: VP	
CITY-ST-ZIP: BRADENTON FL 34207		CITY-ST-ZIP: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: D LANDERS, THOMAS	<input type="checkbox"/> Delete	TITLE NAME: S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1009 H JACKSON #2405		STREET ADDRESS: VP	
CITY-ST-ZIP: MILWAUKEE WI 53202		CITY-ST-ZIP: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: T DASCENZO, VERONICA	<input type="checkbox"/> Delete	TITLE NAME: S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1001 BEN FRANKLIN DR. #302		STREET ADDRESS: VP	
CITY-ST-ZIP: SARASOTA FL 34236		CITY-ST-ZIP: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bruce Rhoden Bruce Rhoden DATE: 4/13/01 DAYTIME PHONE #: 941/388/5504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)