## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wij

SIGNATURE:

address, with all other like empowered.

## DOCUMENT # P93000060794 May 08, 2000 8:00 am Secretary of State SUNCOAST VACATION RENTALS, INC. 05-08-2000 90152 009 \*\*\*150.00 Principal Place of Business Mailing Address 419 GRANT STREET 419 GRANT STREET **DUNEDIN FL 34698 DUNEDIN FL 34698-4976** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3199366 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent . 7. Name and Address of New Registered Agent Name WHETTON, LESLEY Street Address (P.O. Box Number is Not Acceptable) 419 GRANT ST **DUNEDIN FL 34698** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. D ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHETTON, LESLEY NAME NAME STREET ADDRESS **419 GRANT STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Addition ☐ Change ☐ Delete TITLE ERWIN, FRANK NAME 419 GRANT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if