

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021371

1. Entity Name  
VACATION YACHTS, INC.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90014 003 \*\*\*150.00

Principal Place of Business  
15065 MCGREGOR BLVD  
#10  
FT MYERS FL 33908  
US

Mailing Address  
15065 MCGREGOR BLVD  
#10  
FT MYERS FL 33908  
US

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 59-3237258

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REEVES, H L  
12756 YACHT CLUB CIRCLE  
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name Reeves, H.L.  
Street Address (P.O. Box Number is Not Acceptable)

11110 Harbour Yacht Ct 32E  
City Ft. Myers FL Zip Code 33908

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 H. L. Reeves

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

H. L. Reeves

(NOTE: Registered Agent signature required when reinstating)

4/9/01

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, 2001 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

TITLE  
NAME DP  
STREET ADDRESS REEVES, HL  
CITY-ST-ZIP 11110 HARBOUR YACHT CT 32E  
FORT MYERS FL 33908

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: H. L. Reeves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. L. Reeves

4/9/01

Date

941 437-2802

Daytime Phone #

0086223

CR2E034 (10/00)