

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059174

1. Entity Name

SPLENDID FLORIDA VACATIONS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90166 049 ***158.75

Principal Place of Business

Mailing Address

8052 WHITE CRANE COURT
KISSIMMEE FL 34747

PO BOX 263
SOUTH HOLLAND IL 60473
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 470783

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CELEBRATION, FL

4. FEI Number

59-3257522

Applied For

Not Applicable

Zip

Country

Zip

Country

34747

OSCEOLA

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

PATTERSON, ROBERT JR.
8725 TIERRA VISTA CIR., APT. 101
KISSIMMEE FL 34747

Name

ROBERT PATTERSON JR

Street Address (P.O. Box Number is Not Acceptable)

3205 QUEEN PALMS CT.
GRAND PALMS RESORT

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

Robert Patterson Jr.
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-00

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	P	<input type="checkbox"/> Delete
NAME	PATTERSON, ROBERT JR.	
STREET ADDRESS	16615 UNION AVE	
CITY-ST-ZIP	HARVEY IL 60426	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PATTERSON, BARBARA	
STREET ADDRESS	16615 UNION AVE	
CITY-ST-ZIP	HARVEY IL 60426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-00 800-875-6250

CR2E034 (9/99)