

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90072 045 ***150.00

0697050 AV

DOCUMENT # P94000059174

1. Entity Name
SPLENDID FLORIDA VACATIONS, INC.



Principal Place of Business
**8052 WHITE CRANE COURT
KISSIMMEE FL 34747**

Mailing Address
**PO BOX 470783
CELEBRATION FL 34747
US**

2. Principal Place of Business

3. Mailing Address

3204 QUEEN PALMS Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Kissimmee, FL

4. FEI Number

59-3257522

Applied For

Not Applicable

Zip

Country

Zip

Country

34747

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, ROBERT JR.
3205 QUEEN PALMS CT.
GRAND PALMS RESORT
KISSIMMEE FL 34747**

Name

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

3204 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PATTERSON, ROBERT JR.**
STREET ADDRESS **3205 QUEEN PALMS CT**
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE ☒ Change ☐ Addition
NAME **3204 QUEEN PALMS COURT**
STREET ADDRESS **Kissimmee, FL 34747**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **PATTERSON, BARBARA**
STREET ADDRESS **3205 QUEEN PALMS CT**
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE ☒ Change ☐ Addition
NAME **3204 QUEEN PALMS COURT**
STREET ADDRESS **Kissimmee, FL 34747**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BARBARA PATTERSON

4-28-03

407-390-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)