2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90202 027 ***150.00

DOCUMENT # P94000091815

1. Entity Name

U.S. HOLIDAYS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
613 BAYWOOD COURT LAKE MARY FL 32746 US	613 BAYWOOD COURT 613 BAYWOOD COURT LAKE MARY FL 32746-3994 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10165 BERMUDA AVE
Suite, Apt. #, etc.:
City & State: KISSIMMEE FL
Zip: 34741 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 59-3288319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEMOS
~~LEMOS~~, LEO J
613 BAYWOOD CTR
200 SOUTH ORANGE AVENUE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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: Leo J Lemos LEO J. LEMOS president 4/12/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEMOS, LEO J 613 BAYWOOD COURT, LAKE MARY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Leo J Lemos president LEO J LEMOS 4/12/00 4079321426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #