

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90308 001 ***150.00

DOCUMENT # P95000064848

1. Entity Name
CENTRAL FLORIDA INDEPENDANT RESERVATIONS INC.

Principal Place of Business
4102 FOXTAIL CT.
KISSIMMEE FL 34746
US

Mailing Address
4102 FOXTAIL CT.
KISSIMMEE FL 34746
US



DO NOT WRITE IN THIS SPACE

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 **59-3335501**

Applied For

Not Applicable

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

WILSON, JENNIFER E
4102 FOXTAIL CT.
KISSIMMEE FL 34746

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

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, 2002. 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 **PS**
 NAME **WILSON, JENIFER**
 STREET ADDRESS **4102 FOXTAIL CT**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S**
 NAME **HINE, JUDITH**
 STREET ADDRESS **OLD CONSERVATORY**
 CITY-ST-ZIP **DENBY GRANGE FLOCKTON UK**

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE **VP**
 NAME **HINE, ROY**
 STREET ADDRESS **OLD CONSERVATORY**
 CITY-ST-ZIP **DENBY GRANGE FLOCKTON UK**

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☐ 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:

JENNIFER WILSON Pres 4/12/02 407-343-0599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)