

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083312

1. Entity Name

TROPICAL VACATIONS AND DISCOUNT TICKETS INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90137 005 ***150.00

Principal Place of Business

5098 NEPTUNE RD
ST CLOUD FL 34769
US

Mailing Address

5098 NEPTUNE RD
ST CLOUD FL 34769
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 **59-3339419**

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

MILHAUSEN, JEFFREY P
C/O SWANN HADLEY, P.A.
1031 W MORSE BLVD, STE 270
WINTER PARK FL 32789

Name **Jeffrey P. Milhausen, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **40 Miller, South - Milhausen, P.A.**
2699 Lee Road, Ste 120
City **Winter Park** FL Zip Code **32789**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **UNNERSTALL, JEFFREY C**
STREET ADDRESS **9506 KINGSBURY CT**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

TITLE **VST** ☐ Delete
NAME **UNNERSTALL, CHRISTOPHER J**
STREET ADDRESS **8657 TARA OAKS ST**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE ☐ Delete
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STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)