

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013974

1. Entity Name

FLORIDA VACATION PROMOTIONS, INC.

Principal Place of Business

7219 INTERNATIONAL DR
ORLANDO FL 32819
US

Mailing Address

7219 INTERNATIONAL DR
ORLANDO FL 32819-8225
US

2. Principal Place of Business

4410 Middlebrook Rd

Suite, Apt. #, etc.

3. Mailing Address

4410 Middlebrook Rd

Suite, Apt. #, etc.

City & State

Orlando Fla

City & State

Orlando Fla

4. FEI Number

59-3384396

Applied For

Not Applicable

Zip

Country

32811

Zip

Country

32811

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

CAMPOS, ANDREA Q
5325 SPRING RUN AVE
ORLANDO FL 32819

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, 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	CAMPOS, ANDREA	
STREET ADDRESS	5325 SPRING RUN AVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CAMPOS, BORIS	
STREET ADDRESS	5325 SPRING RUN AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)