

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90005 016 ***550.00

DOCUMENT # P96000076484

1. Entity Name
ELITE VACATIONS INC.

| | |
|--|--|
| Principal Place of Business 435 WEST VINE STREET KISSIMMEE FL 34741 US | Mailing Address 435 WEST VINE STREET KISSIMMEE FL 34741 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 **65-0733915** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, ROBERT K JR.
 441 WEST VINE STREET
 KISSIMMEE FL 34741**

Name **Robert S Hayes**
 Street Address (P.O. Box Number is Not Acceptable)
441 W Vine St
 City **Kissimmee** **FL** Zip Code **34741**

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 *Robert S Hayes* DATE 8/17/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|--|---|
| TITLE | NAME | TITLE | NAME |
| <input checked="" type="checkbox"/> Delete | D HARRISON, MARTYN 7 ST JOHNS RD, COOMB HOUSE, ISLEWORTH, MIDDLESEX TW7 6NA UNITED KINGDOM | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | VP BAILLE, JAMES H 435 W VIBE ST KISSIMMEE FL 34741 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | P/DIR JAMES H BAILLIE 2300 JESSICA LANE KISSIMMEE FLA 32824 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | VP/DIR RICHARD BASHAW 435 ST 716 SEMINOLE AVE ORLANDO FL 32804 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *ROBERT S HAYES* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)