

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077862

1. Entity Name

LIBERTY VACATION HOMES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90224 023 \*\*\*150.00

Principal Place of Business 3501 W. VINE STREET 326 KISSIMMEE FL 34741 US	Mailing Address 3501 W. VINE STREET 326 KISSIMMEE FL 34741-4670 US
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2. Principal Place of Business 1119 CLEAR CREEK CIRCLE Suite, Apt. #, etc. CLEAR CREEK City & State CLERMONT FLORIDA Zip 34711 Country U.S.A	3. Mailing Address 1119 CLEAR CREEK CIRCLE Suite, Apt. #, etc. CLEAR CREEK City & State CLERMONT FLORIDA Zip 34711 Country U.S.A
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4. FEI Number 59-3408928	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWARTZ, JOHN 1633 E VINE STREET SUITE 214 KISSIMMEE FL 34742
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7. Name and Address of New Registered Agent Name Burd & Gault, CPA's Street Address (P.O. Box Number is Not Acceptable) 3501 W. Vine Street Suite 277 City Kissimmee FL Zip Code 34746
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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 <i>Regina Oehler By d</i> Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE 4/10/00
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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	DPT ROWE, NIGEL SEAN 3501 W VINE ST., SUITE 267 KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROWE NIGEL SEAN 1119 CLEAR CREEK CIRCLE, CLEAR CREEK CLERMONT FLORIDA 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROWE, SUSANNE MARIE 3501 W VINE STREET, SUITE 267 KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROWE SUSANNE MARIE 1119 CLEAR CREEK CIRCLE, CLEAR CREEK CLERMONT FLORIDA 34741 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

*Regina Oehler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
Date

352 243 5139  
Daytime Phone #

CR2E034 (9/99)