

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077862

1. Entity Name

LIBERTY VACATION HOMES, INC.

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90001 040 ***558.75

0430117

Principal Place of Business
1119 CLEAR CREEK CIRCLE
CLEAR CREEK
CLERMONT FL 34711
US

Mailing Address
1119 CLEAR CREEK CIRCLE
CLEAR CREEK
CLERMONT FL 34711
US

C0072011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7807 GLENCREST WAY
Suite, Apt. #, etc.

3. Mailing Address
7807 GLENCREST WAY
Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA

City & State
ORLANDO FLORIDA

Zip
32836

Country
USA

Zip
32836

Country
USA

4. FEI Number 59-3408928

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BYRD & GAETT, CPA'S
3501 W. VINE STREET
SUITE 277
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name BYRD & GANTT CPA'S
Street Address (P.O. Box Number is Not Acceptable)
SUNTRUST BUILDING
3355 W. VINE ST., SUITE 102
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

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT ROWE, NIGEL SEAN 1119 CLEAR CREEK CIRCLE, CLEAR CREEK CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROWE, SUSANNE MARIE 1119 CLEAR CREEK CIRCLE, CLEAR CREEK CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROWE NIGEL SEAN 7807 GLENCREST WAY ORLANDO FLORIDA 32836	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/01

407 363 6972

Date

Daytime Phone #

CR2E034 (10/00)