

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020504

1. Entity Name

VACATION CONDOS RENTALS, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90947 027 ***150.00

Principal Place of Business Mailing Address
3643 CORTEZ ROAD, SUITE 300 3643 CORTEZ ROAD, SUITE 300
BRADENTON FL 34210 BRADENTON FL 34210-3159

2. Principal Place of Business 3. Mailing Address
4457 45th AVE. 5726 CORTEZ RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
#184
City & State City & State
BRADENTON FL BRADENTON FL
Zip Zip
34210 U.S.A. 34210 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0733850 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSTD	BOIVIN, R. RICHARD	3643 CORTEZ ROAD, SUITE 300	BRADENTON FL 34210	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

R. R. BOIVIN R. R. BOIVIN

Date

Daytime Phone #

CR2E034 (9/99)