

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049873

1. Entity Name

VACATION RELAXATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90117 044 ***150.00

Principal Place of Business

Mailing Address

17805 US HWY 192
CLERMONT FL 34711

17805 US HWY 192
CLERMONT FL 34711-9621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3451129

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CALDWELL, PAUL M ESQ
17805 US HWY 192
CLERMONT FL 34711

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ZEIGLER, RALPH	
STREET ADDRESS	17805 US HWY 192	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCOTT, JOE H SR	
STREET ADDRESS	1065 EXECUTIVE PKWY, STE 300	
CITY-ST-ZIP	ST LOUIS MO 63141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCOTT, JOE H JR	
STREET ADDRESS	1065 EXECUTIVE PKWY, STE 300	
CITY-ST-ZIP	ST LOUIS MO 63141	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CLYDE, GEORGETTE M	
STREET ADDRESS	1065 EXECUTIVE PKWY, STE 300	
CITY-ST-ZIP	ST LOUIS MO 63141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 of Paul M Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 352-242-2670

CR2E034 (9/99)