

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90229 043 ***158.75

DOCUMENT # P97000061218

1. Entity Name

FLORIDA VACATION STATION, INC.

Principal Place of Business

Mailing Address

**2345 SANDLAKE ROAD SUITE 100
 ORLANDO FL 32809**

**2345 SANDLAKE ROAD SUITE 100
 ORLANDO FL 32809-9120**

****please note address
 correction**

****please note address
 correction**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2345 Sand Lake Road

3. Mailing Address

2345 Sand Lake Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Orlando, Florida

Orlando, Florida

4. FEI Number

59-3490309

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

32809

Country

USA

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

**KORSHAK, STEPHEN D
 2345 SAND LAKE RD STE 100
 ORLANDO FL 32809**

See correction

Name

Korshak, Stephen D.

Street Address (P.O. Box Number is Not Acceptable)

2345 Sand Lake Road, Suite 120

City

Orlando

FL

Zip Code
32809

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

Stephen D. Korshak

01/07/00

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 \$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 **D** ☐ Delete
 NAME **LINDEN, DEBORAH L**
 STREET ADDRESS **2345 SAND LAKE RD STE 100**
 CITY-ST-ZIP **ORLANDO FL 32809**
****please note
 title cor-
 rection**

TITLE **DPST** ☒ Change ☐ Addition
 NAME **Linden, Deborah L.**
 STREET ADDRESS **2345 Sand Lake Road, Suite 100**
 CITY-ST-ZIP **Orlando, Florida 32809**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Deborah L. Linden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/00

Date

407-859-8900

Daytime Phone #

CR2E034 (9/99)