

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90011 030 ***158.75

DOCUMENT # P97000073645

1. Entity Name
VACATION HOMES OF CENTRAL FLORIDA, INC.

Principal Place of Business
909 JASMINE ST
CELEBRATION FL 34747

Mailing Address
909 JASMINE ST
CELEBRATION FL 34747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0814793**

Applied For

Not Applicable

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

GREENFIELD, ALAN E
2600 DOUGLAS RD
SUITE 941
CORAL GABLES FL 33134

Name

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

15105 N.W. 77 Ave. Suite 303

City

Miami LAKE

FL

Zip Code

33014

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

Andrew LaRosa - President

4/27/02

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, 2002 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 **DP** ☐ Delete
NAME **LAROSA, ANDREW**
STREET ADDRESS **909 JASMIN ST**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **Director / Vice Pres** ☐ Change ☒ Addition
NAME **Joseph LA ROSA**
STREET ADDRESS **1021 Banks Rose St.**
CITY-ST-ZIP **Celebration, FL 34747**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director / Vice Pres.** ☐ Change ☒ Addition
NAME **Michael LA ROSA**
STREET ADDRESS **909 Jasmine St.**
CITY-ST-ZIP **Celebration, FL 34747**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

CR2E034 (9/01)

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 Andrew LaRosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

Daytime Phone #

(407) 566-8289