

5/14/01.

FILED

Jun 02, 2001 8:00 am
Secretary of State

05-14-2001 90023 013 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085907

1. Entity Name

UNIVERSAL VACATIONS REALTY, INC.

Principal Place of Business

4707 ENTERPRISE AVE
STE 5
NAPLES FL 34108
US

Mailing Address

4707 ENTERPRISE AVE
STE 5
NAPLES FL 34108
US

- 47921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 34104

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 34104

Country

4. FEI Number 65-0787370

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANTON, MARILYN L O
4100 CORPORATE SQUARE #100
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name PETER ALTMAN CPA
Street Address (P.O. Box Number is Not Acceptable)
5620 MISSOURI AVE
NEW PORT RICHEY
City FL Zip Code 34652

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 resigning)

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 \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	☒ Delete
NAME	BRIGHT, TREVOR	
STREET ADDRESS	4707 ENTERPRISE AVE #5	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE	DVP	☒ Delete
NAME	BRIGHT, JUDITH	
STREET ADDRESS	4707 ENTERPRISE AVE #5	
CITY- ST- ZIP	NAPLES FL 34104	
TITLE	VP	☒ Delete
NAME	BRIGHT, SALLY	
STREET ADDRESS	4707 ENTERPRISE AVE #5	
CITY- ST- ZIP	MONTGOMERY AL 36106	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	SIMON CLARKE	FL 34238
STREET ADDRESS	6218 BUCKINGHAM STREET	SARASOTA
CITY- ST- ZIP		
TITLE	VICE PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	CAROLINE CLARKE	
STREET ADDRESS	6218 BUCKINGHAM STREET	
CITY- ST- ZIP	SARASOTA FL 34238	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	NAPLES, FL 34104	
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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:

Signature typed or printed name of signing officer or director

4/27/01

Date

941 649 0777

Daytime Phone #

CR2E004 (12/00)