

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

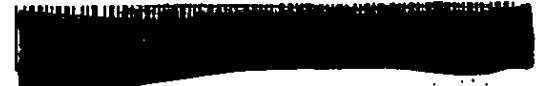
05-08-2000 90007 008 ***150.00

DOCUMENT # **097000099885**

1. Entity Name
Vacation Resales International Inc

Principal Place of Business Mailing Address
4109 ORANGE Blossom trail 931 N. S.R. 434
Orlando FL Ste 1201-250
32839 USA Altamonte Springs, FL 32714 USA

2. Principal Place of Business 3. Mailing Address
2960 Kineland Rd Po Box 940251
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit C Maitland FL
 City & State City & State
Kissimmee FL
 Zip Country Zip Country
34746 USA 32794 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3479438** Applied For ☐ Not Applicable ☒
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☒
 6. Name and Address of Current Registered Agent
SCHROTH, ROBERT T
931 N. S.R. 434 Ste 1201-250
Altamonte Springs FL 32714
 7. Name and Address of New Registered Agent
 Name **Robert Schroth**
 Street Address (P.O. Box Number is Not Acceptable) **1000 Winderley Pl #123**
 City **Maitland** FL Zip Code **32751**

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 **Robert Schroth** **president** **4/25/00**
 (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)
 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	P	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Robert Schroth			NAME	Robert Schroth		
STREET ADDRESS	4109 S. OBT			STREET ADDRESS	Po Box 940251		
CITY-ST-ZIP	Orlando FL 32839			CITY-ST-ZIP	Maitland, FL 32794		
TITLE	Sec	<input type="checkbox"/> Delete		TITLE	Sec	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Robert Schroth			NAME	Robert Schroth		
STREET ADDRESS	1430 Golf St			STREET ADDRESS	Po Box 940251		
CITY-ST-ZIP	Winder Park, FL 32789			CITY-ST-ZIP	Maitland, FL 32794		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **Robert Schroth** **president** **4/25/00** **407-660-3811**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #