

2000 UNIFORM BUSINESS REPORT (UBR)

5/4 100 0000 000 0000 0000 0000

DOCUMENT # P97000105949

1. Entity Name

ORLANDO VACATION RENTALS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-04-2000 90181 037 ***150.00

Principal Place of Business

1633 E. VINE ST., SUITE 120
KISSIMMEE FL 34744

Mailing Address

1633 E. VINE ST., SUITE 120
KISSIMMEE FL 34744-3700

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4630 South Kirkman Rd.

Suite, Apt. #, etc.

#608

City & State

Orlando, Florida

Zip

32811-2802

Country

USA

4. FEI Number

59-3641757 APPLIED FOR

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

SCHWARTZ, JOHN
4119 NEPTUNE ROAD
KISSIMMEE FL 34769

Name

JOHN SCHWARTZ

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

316 N. JOHN YOUNG PKWY

SUITE 12+13

City

KISSIMMEE

FL

Zip Code

34741

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROONEY, JOHN R
1633 E. VINE ST., SUITE 120
KISSIMMEE FL 34744 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

407 972 0515

CR2E034 19/99