

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90188 032 \*\*\*150.00

DOCUMENT # P98000038310

1. Entity Name

VACATION PLANNERS INTERNATIONAL, INC.



Principal Place of Business

2908 LAKEVIEW DR.  
FERN PARK FL 32730

Mailing Address

2908 LAKEVIEW DR.  
FERN PARK FL 32730

2. Principal Place of Business

1140 E. ALTAMONTE DR 1019

3. Mailing Address

SAME

Suite, Apt. #, etc.

1019

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

City & State

4. FEI Number

59-3519066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GAGLIANO, ANTHONY M

2908 LAKEVIEW DR.  
FERN PARK FL 32730

7. Name and Address of New Registered Agent

Name

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

1140 E. ALTAMONTE DR.

SUITE 1019

City

ALTAMONTE SPRINGS

FL

Zip Code

32701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent available if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME GAGLIANO, ANTHONY M  
STREET ADDRESS 2908 LAKEVIEW DR.  
CITY-ST-ZIP FERN PARK FL 32730 ☐ Delete

TITLE DV  
NAME GAGLIANO, KENNETH S.J.  
STREET ADDRESS 2908 LAKEVIEW DR.  
CITY-ST-ZIP FERN PARK FL 32730 ☒ Delete

TITLE DV  
NAME GAGLIANO, MICHAEL R  
STREET ADDRESS 2908 LAKEVIEW DR.  
CITY-ST-ZIP FERN PARK FL 32730 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO  
NAME  
STREET ADDRESS 1140 E. ALTAMONTE DR. SUITE 1019  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☒ Change ☐ Addition

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

TITLE VPST  
NAME  
STREET ADDRESS 1140 E. ALTAMONTE DR SUITE 1019  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☒ Change ☐ Addition

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)