

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000039493**  
Entity Name

**K & W VACATIONS, INC.**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90006 011 \*\*\*150.00

Class of Business Mailing Address  
~~1069 S.W. 57th Street~~  
~~Cape Coral, FL 33904~~  
**225 SW 9TH PLACE**  
**CAPE CORAL, FL 33914**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0837070

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~fred Baehr~~  
~~712 S.W. 27th Place~~  
~~Cape Coral, FL, 33914~~

Name **ROSEMARIE P. MAATSCH**

Street Address (P.O. Box Number is Not Acceptable)  
**5225 SW 9TH PLACE**

City **CAPE CORAL**

**FL**

Zip Code **33914**

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.

*Rosemarie P. Maatsch* x **ROSEMARIE P. MAATSCH** x **4-14-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST 10	<input type="checkbox"/> Delete D Frank Kotzurek Rialtoring 10 D, 12589 Berlin / Germany	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST 11	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST 12	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST 13	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST 14	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST 15	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST 16	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *J. JK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-14-2000**

Date

Daytime Phone #

CR2E034 (9/99)