

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
 02-19-2002 90082 016 ***150.00

DOCUMENT # P98000044559

1. Entity Name
EDEN VACATION HOMES, INC.

Principal Place of Business
4702 WINDWOOD DRIVE
KISSIMMEE FL 34746

Mailing Address
4702 WINDWOOD DRIVE
KISSIMMEE FL 34746



2. Principal Place of Business
3201 HARBOR ROAD
 Suite, Apt. #, etc.

3. Mailing Address
3201 HARBOR ROAD
 Suite, Apt. #, etc.

City & State
KISSIMMEE FLORIDA
 Zip
34746 Country
USA

City & State
KISSIMMEE FLORIDA
 Zip
34746 Country
USA

4. FEI Number **59-3512457**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDEN, JOHN
4702 WINDWOOD DRIVE
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3201 HARBOR ROAD
 City **KISSIMMEE** FL Zip Code **34746**

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 _____ (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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	EDEN, JOHN	
STREET ADDRESS	4702 WINDWOOD DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDEN, SUZANNE	
STREET ADDRESS	4702 WINDWOOD DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3201 HARBOR ROAD	
STREET ADDRESS	KISSIMMEE FL 34746	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3201 HARBOR ROAD	
STREET ADDRESS	KISSIMMEE FL 34746	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30th JANUARY 2002 **407-932 1045**
 Date Daytime Phone #

CR2E034 (9/01)