

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049395

1. Entity Name

BEST ORLANDO VACATION SERVICES INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90067 022 ***150.00

Principal Place of Business

Mailing Address

1106 WEST OAK STREET
KISSIMMEE FL 34741

1106 WEST OAK STREET
KISSIMMEE FL 34741-4177

2. Principal Place of Business

1859 Kings Point Blvd

3. Mailing Address

3146 Vineland Rd SE 35r

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-355-2762

Applied For

Not Applicable

Zip

Country

34744

Zip

Country

34746

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

MCCORMACK, ANNE-MARIE
1106 WEST OAK STREET
KISSIMMEE FL 34741

Name: Anne-Marie McCormack

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

3146 Vineland Rd

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

AMM McCormack

3/24/2000

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 D
NAME MCCORMACK, ANNE-MARIE
STREET ADDRESS 1106 WEST OAK STREET
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

TITLE President
NAME Jon MARK McCormack
STREET ADDRESS 1859 Kings Point Blvd
CITY-ST-ZIP Kissimmee FL 34744 ☐ Change ☒ Addition

TITLE P
NAME MEDINA, SARA
STREET ADDRESS 2319 MILLBANK DR
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 empowerment.

SIGNATURE:

AMM McCormack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000

Date

Daytime Phone #

407 390 9000