

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058116

1. Entity Name

FLORIDA HOLIDAYS EXECUTIVE, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90003 022 ***550.00

Principal Place of Business

7771 INDIAN RIDGE TRAIL NORTH
KISSIMMEE FL 34747

Mailing Address

7771 INDIAN RIDGE TRAIL NORTH
KISSIMMEE FL 34747

2. Principal Place of Business

7988 MAGNOLIA BEND G.
Suite, Apt. #, etc.

3. Mailing Address

7988 MAGNOLIA BEND G.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-3518687

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

34747

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROKE-LOWE, SIMON JOHN
7771 INDIAN RIDGE TRAIL NORTH
KISSIMMEE FL 34747

7. Name and Address of New Registered Agent

Name

~~TROKE-LOWE, SIMON JOHN~~

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

7988 MAGNOLIA BEND COURT

City

KISSIMMEE

FL

Zip Code

34747

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]

S.J. TROKE-LOWE

7/19/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	TROKE-LOWE, SIMON JOHN	
STREET ADDRESS	7771 INDIAN RIDGE TRAIL NORTH	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROKE-LOWE, KAREN MARGRET	
STREET ADDRESS	7771 INDIAN RIDGE TRAIL NORTH	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUNDELL, PETER	
STREET ADDRESS	1105 ANGELA RIDGE COURT	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYDIARD, JEAN	
STREET ADDRESS	1105 ANGELA RIDGE COURT	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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] TROKE-LOWE, SIMON JOHN

7/19/00

4073908111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)