

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058116

1. Entity Name

FLORIDA HOLIDAYS EXECUTIVE, INC.

Principal Place of Business

Mailing Address

7989 MAGNOLIA BEND CIRCLE
KISSIMMEE FL 34747

7989 MAGNOLIA BEND CIRCLE
KISSIMMEE FL 34747

2. Principal Place of Business

7988 MAGNOLIA BEND

3. Mailing Address

7988 MAGNOLIA BEND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number

59-3518687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROKE-LOWE, SIMON JOHN
7989 MAGNOLIA BEND COURT
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

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. TROKE-LOWE

1/10/01

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, 2001 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 ☐ Delete
NAME TROKE-LOWE, SIMON JOHN
STREET ADDRESS 7771 INDIAN RIDGE TRAIL NORTH
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE D ☐ Delete
NAME TROKE-LOWE, KAREN MARGRET
STREET ADDRESS 7771 INDIAN RIDGE TRAIL NORTH
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE D ☐ Delete
NAME BLUNDELL, PETER
STREET ADDRESS 1105 ANGELA RIDGE COURT
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ Delete
NAME LYDIARD, JEAN
STREET ADDRESS 1105 ANGELA RIDGE COURT
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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] S. TROKE-LOWE

1/10/01

407 390 8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0433071

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90071 018 ***150.00



DO NOT WRITE IN THIS SPACE