

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063167

1. Entity Name

VACATIONS BY DESIGN, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90203 032 ***150.00

Principal Place of Business

Mailing Address

401 COUNTRY WOOD CIR
LAKE MARY FL 32746
US

401 COUNTRY WOOD CIR
LAKE MARY FL 32746-4842
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3524887

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

TELLERIA-GUERRA, SUSAN I.
TELLERIA, SUSAN I.
401 COUNTRY WOOD CIR
LAKE MARY FL 32746

Name

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

City

FL

Zip Code

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

Susan I. Telleria-Guerra

4/25/00

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 \$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 P
NAME TELLERIA, SUSAN I
STREET ADDRESS 401 COUNTRYWOOD CIR
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE PRES
NAME TELLERIA-GUERRA, SUSAN I
STREET ADDRESS SAME
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME TELLERIA, OLGA L
STREET ADDRESS 5371 RAMBLING RD
CITY-ST-ZIP ST CLOUD FL 34771 ☐ Delete

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

TITLE
NAME
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 empowered.

SIGNATURE:

Susan I. Telleria-Guerra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

407-240-0013
Daytime Phone #

CR2E034 (9/99)