2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2001 8:00 am
Secretary of State
06-08-2001 90162 042 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000081856

1. Entity Name
Vacation Planners

Principal Place of Business	Mailing Address
PO Box 470367 Celebration FL 34747	PO Box 470367 Celebration FL 34747

2. Principal Place of Business	3. Mailing Address
PO Box 470367	PO Box 470367
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Celebration FL	City & State: Celebration FL
Zip: 34747 Country	Zip: 34747 Country: USA

4. FEI Number: 593542560 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Jared Meyers
~~PO Box 470367~~
~~Celebration FL 34747~~ →

7. Name and Address of New Registered Agent

Name: Jared Meyers
Street Address (P.O. Box Number is Not Acceptable): 218 Acadia Terrace
City: Celebration 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/P Meyers, Jared P.O. Box 470367 Celebration, FL 34747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Infante, Rodney P.O. Box 470367 Celebration, FL 34747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Jared Meyers Pr   6/4/2001   407-997-5592