

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90395 005 ***150.00

DOCUMENT # P98000081856



1. Entity Name
VACATION PLANNERS, INC.

Principal Place of Business
**201 CLUBHOUSE DRIVE
PALM COAST FL 32137**

Mailing Address
**P.O. BOX 470367
CELEBRATION FL 34747
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3542560**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYERS, JARED M
5087 AVENUE OF THE STARS
KISSIMMEE FL 34746**

Name **MEYERS, JARED**
Street Address (P.O. Box Number is Not Acceptable) **1100 North Main St. Suite A**
City **Kissimmee** FL Zip Code **34744**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jared Meyer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/2003
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 11

TITLE **DSPT** ☐ Delete
NAME **MEYERS, JARED M**
STREET ADDRESS **P.O. BOX 470367**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Change ☐ Addition
NAME **1100 North Main St Suite A**
STREET ADDRESS **Kissimmee FL 34744**
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **FAZIO, CHARLES**
STREET ADDRESS **201 CLUBHOUSE DRIVE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Change ☐ Addition
NAME **1100 North Main St Suite A**
STREET ADDRESS **Kissimmee FL 34744**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, 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.

SIGNATURE: *Jared Meyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003
Date

Daytime Phone #

CR2E034 (10/02)