

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90042 035 \*\*\*150.00

0652888 AV

**DOCUMENT # P98000082175**

1. Entity Name  
**ORLANDO'S KEY VACATION, INC.**

Principal Place of Business  
**102 PARK PL BLVD**  
**BLDG D STE 2**  
**KISSIMMEE FL 34741**

Mailing Address  
**102 PARK PL BLVD**  
**BLDG D STE 2**  
**KISSIMMEE FL 34741**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7802 W. Irlo Bronson Hwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7802 W. Irlo Bronson Hwy**  
 Suite, Apt. #, etc.

City & State  
**Kissimmee, FL**  
 Zip  
**34747**  
 Country  
**USA**

City & State  
**Kissimmee, FL**  
 Zip  
**34747**  
 Country  
**USA**

4. FEI Number **59-3534124**  
 Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**POHL & SHORT, P.A.**  
**280 W. CANTON AVENUE**  
**SUITE 410**  
**WINTER PARK FL 32789**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution. ☐

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SALAS, CECILIA</b> <b>5142 CHELWYN CT</b> <b>ORLANDO FL 32837</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SENIOR, MAGALY</b> <b>5926 BLAKEFORD DRIVE</b> <b>WINDERMERE FL 34786</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SENIOR, MIGUEL</b> <b>5926 BLAKEFORD DRIVE</b> <b>WINDERMERE FL 34786</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Cecilia Salas**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/02**  
 Date

**18008155776**  
 Daytime Phone #

CR2E034 (9/01)