

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90015 002 \*\*\*150.00

DOCUMENT # P98000087569

1. Entity Name

HHR VACATION HOMES SERVICES, INC.

Principal Place of Business

1130 E. DONEGAN AVE.  
SUITE 7  
KISSIMMEE FL 34744

Mailing Address

1130 E. DONEGAN AVE.  
SUITE 7  
KISSIMMEE FL 34744

2. Principal Place of Business

1168 E. Donegan Ave

3. Mailing Address

1168 E. Donegan Ave.

Suite, Apt. #, etc.

Kissimmee

Suite, Apt. #, etc.

Kissimmee

City & State

FLORIDA

City & State

FLORIDA

Zip

34744

Country

Zip

34744

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3543332

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCANDO, RICARDO  
1927 REEF CLUB DR., BLDG 10 #205  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name Ocando, Ricardo

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

2412 Sonja Ct.

City

Kissimmee

FL

Zip Code

34743

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

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	PD	<input type="checkbox"/> Delete
NAME	OCANDO, RICARDO	
STREET ADDRESS	1927 REEF CLUB DR. BLDG 10 #205	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEUTHNER, HERMAN	
STREET ADDRESS	1624 FLORIDA DEVELOPMENT ROAD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SANDOVAL, HENRY	
STREET ADDRESS	79 MITCHELL D ROAD	
CITY-ST-ZIP	HAINE CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2E034 (10/00)