2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT_# P98000094902 JUBILEE VACATION CENTER, INC.

Principal Place of Business

Mailing Address

12701 U.S. HWY 19, SUITE D HUDSON FL 34667

12701 U.S. HWY 19. SUITE D HUDSON FL 34667

FILED May 05, 2001 8:00 am Secretary of State

05-05-2001 91099 012 ***150.00

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2. Principal P	lace of Busin	ness	3. Mailing Addre	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State			FEI Number	59-3551259		Applied For Not Applicable	,
Zip	Zip Country			Zip Country		-5	5. Certificate of Status Desired Fee Required				
	7. Name and Address of New Registered Agent										
6. Name and Address of Current Registered Agent						Name					
7612	ENT, DIAN CAMELOT T RICHEY I	RD				Street Address (P.O. Box Number is Not Acceptable)					
			•	City			FL Zip Code				
8. The above	named entity	y submits this statement	for the purpose of cha	nging its registe	red office or regis	stered ag	gent, or both, in	the State of Florida.			7
	•			-	_	-					
CICNIATURE											Ì
SIGNATURE _	Signature, typed	or printed name of registered ago	ent and title if applicable.	(NOTE: Register	ed Agent signature requ	uired when r	einstating)		DATE		
Tax filing re	equirement a	ible to satisfy its Intangit and elects to do so.	After Ma	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St.				n Campaign Financir und Contribution.		.00 May Be led to Fees	
(See Criteri	ia on back)										╝
11.		OFFICERS AN	ID DIRECTORS	12.		A	DITIONS/CHA	NGES TO OFFICER			4,
TITLE	PTD		☐ De						Chang	e	
NAME	BEDIENT,			NAM							3
STREET ADDRESS		s. Hwy 19, suite d			EET ADDRÉSS				-		13
CITY-ST-ZIP		FL 34667		CiT	Y-ST-ZIP						_ į
TITLE	VSD		☐ De	lete TITL	.E				☐ Chang	e 🔲 Addition	Ì
NAME	NICHOLA	s, margaret m		AAA	ME						
STREET ADDRESS	12701 U.S	s. Hwy 19, suite d		STR	EET ADDRESS						
CITY-ST-ZIP	-HUDSON	FL-34667		CIT	Y-ST-ZIP						١-
TITLE			☐ De	lete TITL	.E				☐ Chang	e 🔲 Addition	
NAME				NAM	ME .		-				
STREET ADDRESS				STR	EET ADDRESS						1
CITY-ST-ZIP				cm	Y-ST-ZIP						
TITLE			☐ De	lete TITL	.E				☐ Chang	e 🔲 Addition	
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CITY-ST-ZIP				CITY	Y-ST-ZIP						_
TITLE			☐ De	lete TITL	E				Chang	e 🔲 Addition	
NAME.				NAN	AE .						
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				CITY	Y-ST-ZIP						
TITLE			☐ Del	ete TITL	.E				☐ Chang	e Addition	1
NAME				NAM							1
STREET ADDRESS				STR	EET ADDRESS						1
CITY-ST-ZIP				СІТУ	r-ST-ZIP						ĺ
13. I hereby co	ertify that the	information supplied w	ith this filing does not a	ualify for the exe	emption stated in	Section	119.07(3)(i), Fl	orida Statutes. I furth	er certify that the	e information	1

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 that an 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.