

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102897

1. Entity Name

LANDS END VACATIONS, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90034 042 \*\*\*150.00

Principal Place of Business

Mailing Address

222 150TH AVE  
 MADEIRA BEACH FL 33708

222 150TH AVE  
 MADEIRA BEACH FL 33708-2008

2. Principal Place of Business

3. Mailing Address

6667 GREENBRIER DR 6667 GREENBRIER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO FL.

LARGO FL

Zip

Country

Zip

Country

33777

USA

33777

USA

4. FEI Number

59-3548093

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASTEN, A. CHRISTOPHER II.  
 101 E KENNEDY BLVD, STE 1240  
 TAMPA FL 33602

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
 NAME AVEY, MICHAEL  
 STREET ADDRESS 222 150TH AVE  
 CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE PRESIDENT ☒ Change ☐ Addition  
 NAME MICHAEL AVEY  
 STREET ADDRESS 6667 GREENBRIER DR  
 CITY-ST-ZIP LARGO FL 33777

TITLE D ☒ Delete  
 NAME IHMS, RANDALL  
 STREET ADDRESS 222 150TH AVE  
 CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

MICHAEL AVEY 4/20/00 727 391 2288

Date

Daytime Phone #

CR2E034 (9/99)