

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
AMENDED REPORT

6

00 MAY -2 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105336

1. Entity Name
LIFESTYLE VACATION INCENTIVES, INC.

Principal Place of Business **Mailing Address**
2160 W. Atlantic Avenue 2160 W. Atlantic Ave.
Delray Beach, FL 33445 Delray Beach, FL 33445

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
105-0882243

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

7. Name and Address of New Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

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 *Vicky Goldstein* **VICKY GOLDSTEIN**
Special Assistant Secretary **4/27/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P, Director	☒ Change ☐ Addition
NAME	John J. Finn		NAME	John J. Finn	
STREET ADDRESS	2160 W. Atlantic Avenue		STREET ADDRESS	2160 W. Atlantic Avenue	
CITY-ST-ZIP	Delray Beach, FL 33445		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	VP	☐ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	David Shaw		NAME	Larry A. Dustin	
STREET ADDRESS	2160 W. Atlantic Avenue		STREET ADDRESS	2160 W. Atlantic Avenue	
CITY-ST-ZIP	Delray Beach, FL 33445		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	VP	☒ Delete	TITLE	Vice President	☐ Change ☒ Addition
NAME	John DeLano		NAME	Patrick Doyle	
STREET ADDRESS	220 Congress Park Drive #300		STREET ADDRESS	220 Congress Park Drive	
CITY-ST-ZIP	Delray Beach, FL 33445		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	DS	☐ Delete	TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	Suzanne B. Bell		NAME	Suzanne B. Bell	
STREET ADDRESS	220 Congress Park Drive #300		STREET ADDRESS	220 Congress Park Drive	
CITY-ST-ZIP	Delray Beach, FL 33445		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Suzanne B. Bell* **Suzanne B. Bell** **4/26/00** **561-266-0860**
Signature and typed or printed name of signing officer or director Date Daytime Phone #