

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001530

1. Entity Name

ORLANDO VACATION SERVICES INTERNATIONAL INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90023 008 ***150.00

Principal Place of Business

Mailing Address

5218 RIDGEWAY DR.
ORLANDO FL 32819

5218 RIDGEWAY DR.
ORLANDO FL 32819-7431

2. Principal Place of Business

5602 WESTVIEW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

5602 WESTVIEW DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3553004

Applied For

Not Applicable

Zip

32810

Country

USA

Zip

32810

Country

USA

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

DOLBY, LESLEY E
5218 RIDGEWAY DR.
ORLANDO FL 32819

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

1. Tax filing requirement and elects to do so. ☐
2. (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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 title empowered.

SIGNATURE

PLEASE
SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)