

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90057 046 ***150.00

DOCUMENT # P99000030634

1. Entity Name

STERLING VACATION RENTALS, INC.

Principal Place of Business

Mailing Address

**4520 GOLF CLUB LN.
 BROOKSVILLE FL 34609**

**4520 GOLF CLUB LN.
 BROOKSVILLE FL 34609**

2. Principal Place of Business

3. Mailing Address

12494 Winston Ct
 Suite, Apt. #, etc.

12494 Winston Ct
 Suite, Apt. #, etc.

City & State

Spring Hill

City & State

Spring Hill

Zip

Country

34609

USA

Zip

Country

34609

USA

4. FEI Number

59-3571407

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

SPADA, GAIL Z

**4520 GOLF CLUB LANE
 BROOKSVILLE FL 34609**

Name

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

12494 Winston Ct

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, 2002 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 | VP | <input type="checkbox"/> Delete |
| NAME | SPADA, GAIL Z | |
| STREET ADDRESS | 4520 GOLF CLUB LN | |
| CITY-ST-ZIP | BROOKSVILLE FL 34609 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SPADA, ANTHONY F | |
| STREET ADDRESS | 4520 GOLF CLUB LN | |
| CITY-ST-ZIP | BROOKSVILLE FL 34609 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TRAVERS, JAMES D | |
| STREET ADDRESS | 4383 MALLARD LAKE DRIVE | |
| CITY-ST-ZIP | BROOKSVILLE FL 34609 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | TRAVERS, CAROL A | |
| STREET ADDRESS | 4383 MALLARD LAKE DR | |
| CITY-ST-ZIP | BROOKSVILLE FL 34609 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 12494 Winston Ct | |
| CITY-ST-ZIP | Spring Hill | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 12494 Winston Ct | |
| CITY-ST-ZIP | Spring Hill | |
| 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 |
| 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:

SPADA, GAIL Z
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02

Date

3526838967

Daytime Phone #

0539497 AV

CR2E034 (9/01)