

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/9/00-90084-034-\$150.00-\$150.00

DOCUMENT # P99000050931

1. Entity Name

ENJOYABLE VACATIONS, INC.

Principal Place of Business

2800 N. POINCIANA BLVD.  
KISSIMMEE FL 34746

Mailing Address

2800 N. POINCIANA BLVD.  
KISSIMMEE FL 34746-5258

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

59-381587

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.  
ONE BISCAYNE TOWER, STE. 3550  
TWO S. BISCAYNE BLVD.  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Meyers, Jared M

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

Executive Offices

2800 N Poinciana Blvd.

City

Kissimmee

FL

Zip Code

34746

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

Jared Meyer Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-13-2000

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

TITLE D  
NAME MEYERS, NEIL S  
STREET ADDRESS 2800 N. POINCIANA BLVD.  
CITY-ST-ZIP KISSIMMEE FL 34746

☐ Delete

TITLE D  
NAME MEYERS, JARED  
STREET ADDRESS 2800 N. POINCIANA BLVD.  
CITY-ST-ZIP KISSIMMEE FL 34746

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Jared Meyer Pres

1-13-2000

(407) 997-5192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)