

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90064 035 ***150.00

DOCUMENT # P99000054973

1. Entity Name

FLAMINGO VACATION HOMES, INC.

Principal Place of Business

Mailing Address

~~3501 WEST VINE ST., STE. 352~~
KISSIMMEE FL 34741

~~3501 WEST VINE ST., STE. 352~~
KISSIMMEE FL 34741-4649

2. Principal Place of Business

3. Mailing Address

3501 West Vine Street

3501 West Vine Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

321

321

City & State

City & State

Kissimmee, Florida

Kissimmee, Florida

Zip

Country

Zip

Country

34741

USA

34741

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHALL, ROBERT
14355 TAMOURINE DR.
ORLANDO FL 32837

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 \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
SALEM, LOUAY G
3501 WEST VINE ST., STE. 352
KISSIMMEE FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T/D
Salem, Louay G.
3501 W. Vine Street, Ste 321
Kissimmee, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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

LOUAY G. SALEM

Date

Daytime Phone #

4.15.2000

407.518.9200