

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056291

1. Entity Name

SYLVETTE VACATION HOME RENTAL MANAGEMENT, INC.

FILED

Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90036 048 \*\*\*158.75

Principal Place of Business

Mailing Address

407 JOSEFINA DRIVE  
KISSIMMEE FL 34744

407 JOSEFINA DRIVE  
KISSIMMEE FL 34744

2. Principal Place of Business

2407 JOSEFINA DR.

3. Mailing Address

2407 JOSEFINA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL.

City & State

KISSIMMEE, FL.

4. FEI Number

59-3583294

Applied For

Not Applicable

Zip

34744

Country

DISCORA

Zip

34744

Country

DISCORA

5. Certificate of Status Desired

X

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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)

X

**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.

X

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME SANTOS, SYLVETTE  
STREET ADDRESS 407 JOSEFINA DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34744

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

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:

*Sylvette Santos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00 (407)344-9031

Date

Daytime Phone #

CR2E034 (9/99)