

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068973

1. Entity Name

ORLANDO VACATION HOME SALES INC

Principal Place of Business
3501 WEST VINE ST
SUITE 385
KISSIMMEE
FL 32837

Mailing Address
3044 CRESTED CIRCLE
ORLANDO
FLORIDA
32837

2. Principal Place of Business
3501 WEST VINE ST

3. Mailing Address
3044 CRESTED CIRCLE

Suite, Apt. #, etc.
385

Suite, Apt. #, etc.

City & State
KISSIMMEE

City & State
ORLANDO

Zip
34741

Country
USA

6. Name and Address of Current Registered Agent

BRIAN MARK
104 CHURCH ST
KISSIMMEE
FLORIDA 34741

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 state 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, 2001 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 VICE PRESIDENT	☐ Delete
NAME ANDREW JAWSON	
STREET ADDRESS 3501 WEST VINE ST #385	
CITY-STATE-ZIP KISSIMMEE, FLORIDA	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	☐ Change ☒ Addition
NAME MARION HEALEY	
STREET ADDRESS 3501 WEST VINE STREET #385	
CITY-STATE-ZIP KISSIMMEE, FLORIDA 34741	
TITLE SECRETARY/TREASURER	☐ Change ☒ Addition
NAME GEOFFREY OWEN	
STREET ADDRESS 3501 WEST VINE ST #385	
CITY-STATE-ZIP KISSIMMEE, FLORIDA 34741	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

08/23/2001 407 908 0174

Date

Daytime Phone #

FILED

01 AUG 29 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 AMENDED UBR

4. FEI Number
59-3594984

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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-03/15/01-01002-005
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CR2004 (11/00)