

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90124 012 \*\*\*150.00

**DOCUMENT # P99000070625**

1. Entity Name

**CLASSIC MANAGEMENT & TRAVEL, INC.**

Principal Place of Business

Mailing Address

% LIBERTY VACATION HOMES, INC.  
3501 W. VINE ST., SUITE 326  
KISSIMMEE FL 34741

% LIBERTY VACATION HOMES, INC.  
3501 W. VINE ST., SUITE 326  
KISSIMMEE FL 34741-4670

2. Principal Place of Business

3. Mailing Address

828 CLEAR CREEK CIRCLE  
Suite, Apt. #, etc.

828 CLEAR CREEK CIRCLE  
Suite, Apt. #, etc. CIRCLE

City & State

City & State

CLERMONT FL

CLERMONT FL

Zip 34711

Country USA  
FLORIDA

Zip 34711

Country USA

4. FEI Number

39-3592015

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

ROWE, NIGEL S  
% LIBERTY VACATION HOMES, INC.  
3501 W. VINE ST., SUITE 326  
KISSIMMEE FL 34741

Name

ALISON WHEATLEY

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

828 CLEAR CREEK CIRCLE

City

CLERMONT

FL Zip Code 34711

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-00

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	<input type="checkbox"/> Delete
NAME	WHEATLEY, ADRIAN P	
STREET ADDRESS	3501 W. VINE ST., SUITE 326	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEATLEY, ALISON	
STREET ADDRESS	3501 W. VINE ST., SUITE 326	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Wheatley Adrian P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	828 Clear Creek Circle	
STREET ADDRESS	CLERMONT FL 34711	
CITY-ST-ZIP		
TITLE	Wheatley Alison	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	828 Clear Creek Circle	
STREET ADDRESS	CLERMONT FL 34711	
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		
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00