

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071094

1. Entity Name
KNIGHTSBRIDGE VACATION HOMES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90979 005 ***150.00

Principal Place of Business

7864 W. IRLO BRONSON HWY
KISSIMMEE FL 34747

Mailing Address

7864 W. IRLO BRONSON HWY
KISSIMMEE FL 34747

2. Principal Place of Business

P.O. Box 470126

3. Mailing Address

P.O. Box 470126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION, FLORIDA

City & State

CELEBRATION, FLORIDA

Zip 34747-0126

Country U.S.A.

Zip 34747-0126

Country U.S.A.

4. FEI Number

59-3614363

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

WILKES, BRIAN

7864 W. IRLO BRONSON HWY
KISSIMMEE FL 34747

Name

BRIAN WILKES

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

7786 INDIAN RIDGE TRAIL SOUTH

City

KISSIMMEE

FL

Zip Code

34747

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]

PRESIDENT

APRIL 27, 2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WILKES, BRIAN J
STREET ADDRESS 7864 W. IRLO BRONSON HWY
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE P/D ☒ Change ☐ Addition
NAME BRIAN J WILKES
STREET ADDRESS 7786 INDIAN RIDGE TRAIL SOUTH
CITY-ST-ZIP KISSIMMEE, FLORIDA, 34747

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] BRIAN WILKES (PRESIDENT) APRIL 27, 2001 407-908-9980

CR2E034 (10/00)