

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90224 037 ***150.00

DOCUMENT # S73186

1. Entity Name
HARMONY VACATION VILLAS, INC.



Principal Place of Business
**1200 SINCLAIR DRIVE
SARASOTA FL 34240
US**

Mailing Address
**1200 SINCLAIR DRIVE
SARASOTA FL 34240
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3912 ROBERTS POINT RD
Suite, Apt. #, etc.

3. Mailing Address
3912 ROBERTS POINT RD
Suite, Apt. #, etc.

City & State
SARASOTA

City & State
SARASOTA

4. FEI Number
65-0276712

Applied For
Not Applicable

Zip
34242

Country
FL

Zip
FL

Country
34242

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

6. Name and Address of Current Registered Agent

**WEBER, EDWARD ESQ
1549 RINGLING BLVD
SUITE 500
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *S. Wade*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADE, FRED 1200 SINCLAIR DR SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE, SUE 1200 SINCLAIR DR SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, SOPHIE 1200 SINCLAIR DR SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEMBLETON SOPHIE 1200 SINCLAIR DRIVE SARASOTA, FL 34240	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition name change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. WADE FRED 3912 ROBERTS POINT RD SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE SUE 3912 ROBERTS POINT RD SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGN/S. Wade ESQ Susan P Wade Secretary Harmony Vacation Villas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)