

2000 UNIFORM BUSINESS REPORT (UBR)

1/24

FILED**Apr 18, 2000 8:00 am**
Secretary of State

01-24-2000 90104 032 ***150.00

DOCUMENT # S87934

1. Entity Name

VACANCE TRAVEL, CORP.

Principal Place of Business

**14590 SMILITARY TRAIL
SUITE E11
DELRAY BEACH FL 33484
US**

Mailing Address

**14590 S MILITARY TRAIL
SUITE E11
DELRAY BEACH FL 33484-3755
US**

2. Principal Place of Business

16950 Jog Road

3. Mailing Address

16950 Jog Rd

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

#110

City & State

Delray Beach

City & State

Delray Beach FL

Zip

FL 33446

Country

Zip

33446

Country

4. FEI Number

65-0290739

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

Name

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

City

FL

Zip Code

**FREEMAN, DENNIS A.
14590 S MILITARY TRAIL
SUITE 311
DELRAY BEACH FL 33484**

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) ☐**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P FREEMAN, DENNIS A. 55 N LAKESHORE DR HYPOLUXO FL	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00

Date

(561) 498-1600

Daytime Phone #

CR2E034 (9/99)