

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90162 027 ***150.00

DOCUMENT # S88917

1. Entity Name

VACATION & CRUISE RESOURCES, INC.

Principal Place of Business

**1024 KANE CONCOURSE
 BAY HARBOR FL 33154
 US**

Mailing Address

**401 N. GREEN RIVER ROAD
 EVANSVILLE IN 47715
 US**

2. Principal Place of Business

3. Mailing Address

9574 Harding Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Surfside, FL

City & State

no change

Zip

33154

Country

USA

Zip

no change

Country

no change

4. FEI Number

65-0290945

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

**NORMAN, LARRY B
 1717 N BAYSHORE DR STE 3946
 MIAMI FL 33132**

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.

SIGNATURE

Larry B Norman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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 **P** ☐ Delete
 NAME **NORMAN, LARRY B**
 STREET ADDRESS **1717 N BAYSHORE DR SER 3946**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **BUTTERFIELD, BILL**
 STREET ADDRESS **555 TENNIS LANE**
 CITY-ST-ZIP **EVANSVILLE IN**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

Larry B Norman

Larry B Norman

Date

1/11/01

Daytime Phone #

305-379-5627

CR2E034 (10/00)