

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90066 008 \*\*\*150.00

**DOCUMENT # P97000054221**

1. Entity Name  
**VACATION TIME, INCORPORATED**

Principal Place of Business  
**4555 W IRLO BRONSON HWY  
 KISSIMMEE FL 34746**

Mailing Address  
**4555 W IRLO BRONSON HWY  
 KISSIMMEE FL 34746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**1004 WEST NINTH AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**2<sup>ND</sup> Floor**

City & State

City & State  
**King of Prussia, PA**

4. FEI Number **52-2150552**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**19406 USA**

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

**C T CORPORATION SYSTEM  
 4555 W IRLO BRONSON HWY  
 KISSIMMEE FL 34746**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  Delete  
 NAME **CT PULEO, RICHARD J**  
 STREET ADDRESS **1004 WEST NINTH AVE.**  
 CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S GREENBERG, PETER**  
 STREET ADDRESS **109 SOUTH ALFRED STREET**  
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

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: Richard J. Puleo **Richard J. Puleo** April 27, 2001 (610)337-3714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)