

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531716

1. Entity Name

INTERVAL MANAGEMENT CORPORATION

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90090 016 ***158.75

Principal Place of Business

1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES FL 33134
US

Mailing Address

1313 PONCE DE LEON BLVD
SUITE 301
CORAL GABLES FL 33134-3343
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1758956

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

SEVIN, NORMAN M.
1313 PONCE DE LEON
SUITE 301
CORAL GABLES FL 33134

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

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
SD
SEVIN, NORMAN
1313 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHERN, LILLIAN G.
3948 S. W. 5 STREET
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
LOIACONO, VINCENT
5625 SW 84 TERRACE
MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAS
CHERN, MARSHALL M.
3948 SW 5 STREET
MIAMI FL 33134 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Date

Daytime Phone #

CR05024 10/00