DOCUMENT # H74162

1. Entity Name

BERKELEY FOUR SEASONS VACATIONS, INC.

FILED

AMENDMENT

00 AUG -4 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

...ipal Place of Business	Mailing Address
... POLYNESIAN ISLES BLVD ... FL 34746	1781 PARK CENTER DRIVE ORLANDO FL 32835-6210 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6177 Lake Ellenor Dr.		6177 Lake Ellenor Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32809	Country: US	Zip: 32809	Country: US

4. FEI Number 59-2580973 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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.

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) ☐

[illegible]

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	DP MILLER, L. STEVEN 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Charles C. Frey 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GODMAN, RICHARD 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stephen M.Richmond 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELL, THOMAS A 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Keith J. Brown 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas J. Gisbanski 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T. Lincoln Morison 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003384091--8 -09/06/00--01095--003 ***1347.50 *****61.25	☐ Change ☐ Addition

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: ______________ Stephen M. Richmond 407-532-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

010758