

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39410

1. Entity Name

WEEKENDS OF GREATER ORLANDO, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90047 033 ****61.25

Principal Place of Business 626 N. LAKE FORMOSA DR. ORLANDO FL 32803	Mailing Address P.O. BOX 536055 ORLANDO FL 32853-6055 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3020242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, THOMAS F
 105 E ROBINSON ST
 STE 201
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
14 E. Washington St., Suite 600
 City **Orlando** FL Zip Code **32801**

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)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LANG, THOMAS F
STREET ADDRESS	105 E ROBINSON ST, STE 201
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CARSON, MICHAEL
STREET ADDRESS	6254 SILVER GLEN CT
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ELROD, JANET
STREET ADDRESS	719 KIWL CIRCLE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D <input type="checkbox"/> Delete
NAME	DEMPSEY, KATIE
STREET ADDRESS	626 N LAKE FORMOSA DRIVE
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	D <input type="checkbox"/> Delete
NAME	Wilder, Sonya D
STREET ADDRESS	200 S. Orange Avenue mc 1011
CITY-ST-ZIP	Orlando, FL 32801
TITLE	D <input type="checkbox"/> Delete
NAME	Mr. Paul Volkerson
STREET ADDRESS	7007 Sea World Drive
CITY-ST-ZIP	Orlando, FL 32829

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Street, Suite 600
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: SIGNATURE REQUIRED **3/23/00** **407-898-8277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #