

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002373

1. Entity Name

ROYAL FLORIDIAN RESORT ASSOCIATION, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90072 046 ****61.25

Principal Place of Business Mailing Address
 400 S. ATLANTIC AVE., STE. 101 400 S. ATLANTIC AVE., STE. 101
 ORMOND BEACH FL 32176 ORMOND BEACH FL 32176-7142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 51 S. ATLANTIC AVE 51 S. ATLANTIC AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 ORMOND BEACH, FL ORMOND BEACH, FL
 Zip Country Zip Country
 32176 USA 32176 USA

4. FEI Number Applied For
 59-3485067 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 UPTON, HUGH D
 400 S. ATLANTIC AVE., STE. 101
 ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent
 Name: Brian M. Jones
 Street Address (P.O. Box Number is Not Acceptable): 20 N. Orange Avenue
 Suite 1000
 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: Brian M. Jones 1/14/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	DP UPTON, HUGH D 400 S. ATLANTIC AVE., STE. 101 ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SWEENEY, MARGIE 400 S. ATLANTIC AVE., STE. 101 ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDY, CHRIS 3 OLD TRL. ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATHLEEN E. TAYLOR 101 POPE AVE HILTON HEAD ISLAND, SC 29928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillip DEMER 7 LAGOON ROAD HILTON HEAD ISLAND, SC 29928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RICHARD W. MEADOWS 56 OAKVIEW CIR ORMOND BEACH, FL 32176-2842 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Hughes 201 BRITANNY AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard W. Meadows 1/11/00 (904) 672-7650
Sec TREAS Date Daytime Phone #

CR2E037 (9/99)