

5/11

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-19-2001 90280 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073476(8)

1. Entity Name

RESORT VACATIONS, INC

(UP)

Principal Place of Business

Mailing Address

7802 KINGSPOINTE PKWY 7802 KINGSPOINTE PKWY
ORLANDO FL 32819 ORLANDO-FL32819

2. Principal Place of Business

3. Mailing Address

7802 KINGSPOINTE PKWY

Suite, Apt. #, etc.
SUITE 206

Suite, Apt. #, etc.

City & State
ORLANDO - FL

City & State

Zip
32819

Country
USA

Zip

Country

4. FEI Number

59-3458912

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

74918

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYORAL, JOSE G.
14663 BRADDOCK OAK DR.
ORLANDO FL 32837

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! FEES \$150.00
After MAY 15 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 NAME STREET ADDRESS CITY-ST-ZIP	JOSE G. MAYORAL PRESIDENT 7802 KINGSPOINTE PKWY SUITE 206 ORLANDO FL 32819	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

JUN 11 2001 (407)377-0262
Date Daytime Phone #

X 1189

CR2E034 (11/00)