

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90117 029 ***150.00

DOCUMENT # P98000035449

1. Entity Name

CLUB SUNTERRA, INC.

Principal Place of Business

Mailing Address

1781 PARK CENTER DRIVE
ORLANDO FL 328351781 PARK CENTER DRIVE
ORLANDO FL 32835-6210**C0079555**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3510037**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 State10. 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 DR ORLANDO FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director T. Lincoln Morison 1781 Park Center Drive Orlando, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOODMAN, RICHARD 1781 PARK CENTER DR ORLANDO FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Sandra K. Michel 1781 Park Center Drive Orlando, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELL, THOMAS A 1781 PARK CENTER DR ORLANDO FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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

Thomas A. Bell, secretary

Date

Daytime Phone #

4/22/00 (407) 532-1000