## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2002 8:00 am Secretary of State DOCUMENT # P98000035449 1. Entity Name 05-03-2002 90151 001 \*2.911.25 CLUB SUNTERRA, INC. Principal Place of Business Mailing Address 1781 PARK CENTER DR 1781 PARK CENTER DR ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3510037 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VP ☐ Delete TITLE Change ★ Addition RAYBURN, GREGORY F Ann Cohen 1781 Park Center Drive NAME NAME 1781 PARK CENTER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP Orlando, Florida 32835 TITLE ☐ Delete TITLE Change ☐ Addition NAME JOHNSTON, DAVID C NAME STREET ADDRESS 1781 PARK CENTER DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE X Delete TITLE Change ☐ Addition NAME CAMPBELL, JOHN M NAME STREET ADDRESS 1781 PARK CENTER DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BUTTE, ERIC P NAME STREET ADDRESS 1781 PARK CENTER DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME YOUNG, LAWRENCE E NAME STREET ADDRESS 1781 PARK CENTER DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attachmen with an address, with all other like empowered.

RE REQUIRED Ann Cohen

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATUR

FILED