

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90028 026 ***150.00

DOCUMENT # P98000036237

1. Entity Name

CELEBRATION WORLD RESORT, INC.

Principal Place of Business

Mailing Address

~~7380 SAND LAKE ROAD, SUITE 560-C
 ORLANDO FL 32819~~

**7800 SAND LAKE ROAD, SUITE 560-C
 ORLANDO FL 32819-5248**

C0027575



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7503 Atlantis Way

3. Mailing Address

7503 Atlantis Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

4. FEI Number

59-3507736

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

34747

Country

USA

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

**DYMOND, WILLIAM T JR
 215 N. EOLA DRIVE
 ORLANDO FL 32801**

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 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 **D**
 NAME **DAHARUJ, JOSE JR**
 STREET ADDRESS **7380 SAND LAKE ROAD, SUITE 560-C**
 CITY-ST-ZIP **ORLANDO FL 32819**

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS **7503 Atlantis Way**
 CITY-ST-ZIP **Kissimmee, Florida**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 OF SECO DAHARUJ, JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00
 Date

407-234-6065
 Daytime Phone #

CR2E034 (9/99)