

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90059 027 \*\*\*150.00

**DOCUMENT # V48809**  
 1. Entity Name  
**JEM RESORTS MANAGEMENT SERVICES, INC.**

Principal Place of Business 2200 E. IRLO BRONSON SUITE 104-A KISSIMMEE FL 34744	Mailing Address 2200 E. IRLO BRONSON SUITE 104-A KISSIMMEE FL 34744-4410
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2. Principal Place of Business Suite, Apt. #, etc. <b>SUITE 104</b> City & State	3. Mailing Address Suite, Apt. #, etc. <b>SUITE 104</b> City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**VASQUEZ, JULIAN**  
 2200 E. IRLO BRONSON  
 #104A  
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent  
 Name **Lara Sills**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2200 E. Irlo Bronson Hwy #104**  
 City **Kissimmee** FL Zip Code **34744**

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]* **Lara Sills** DATE **4/20/00**  
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 Tax filing requirement and elects to do so.   
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VASQUEZ, JULIAN</b> <b>2200 E. IRLO BRONSON</b> <b>KISSIMMEE FL 34744</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL, AGOMBAR G</b> <b>743 COUNTRY WOODS</b> <b>KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SILLS, LARA J</b> <b>2200 E. IRLO BRONSON</b> <b>KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COMBEN, ROY</b> <b>866 COUNTRY CROSSING CT.</b> <b>KISSIMMEE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELLIOTT, WARD J</b> <b>2200 E. IRLO BRONSON</b> <b>KISSIMMEE FL 34744</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CBTS</b> <b>PARKE, ALAN G</b> <b>30 GREENVIEW WAY</b> <b>UPPER MONTCLAIRE NJ 07043</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SILLS, SCOTT</b> <b>2707 FOREST VIEW LANE</b> <b>KISSIMMEE, FL 34744</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <b>AGOMBAR, MICHAEL</b> <b>743 COUNTRY WOODS CIRCLE</b> <b>KISSIMMEE, FL 34744</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V /D</b> <b>SILLS, LARA MAYO</b> <b>2707 FOREST VIEW LANE</b> <b>KISSIMMEE, FL 34744</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>COMBEN, ROY</b> <b>866 COUNTRY CROSSING COURT</b> <b>KISSIMMEE, FL 34744</b> <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

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]* **Lara Sills** DATE **4/20/00** DAYTIME PHONE # **(407) 847-4500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)