

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022800

1. Entity Name

POINCIANA VACATION RESORTS, INC.

FILED

Jan 22, 2000 8:00 am  
Secretary of State

01-22-2000 90027 004 \*\*\*150.00

80005997



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

621 S. ATLANTIC AVENUE  
ORMOND BEACH FL 32176

621 S. ATLANTIC AVENUE  
ORMOND BEACH FL 32176-7715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3316497

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

A.G.C., CO.  
200 S. ORANGE AVENUE  
SUITE 2300  
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 P  
NAME MOSSER, THOMAS W ☐ Delete  
STREET ADDRESS 315 RIVER ROAD  
CITY-ST-ZIP GATLINBURG TN

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD  
NAME KERRIGAN, JUANITA I ☒ Delete  
STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VSTD ☒ Change ☐ Addition  
NAME Robbins, Stacy  
STREET ADDRESS 621 S Atlantic Ave  
CITY-ST-ZIP Ormond Beach, FL-32176

TITLE VTD  
NAME MCNAIRY, CHARLES L ☒ Delete  
STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ Change ☐ Addition  
NAME H. Charles Anderson  
STREET ADDRESS 315 River Road  
CITY-ST-ZIP Gatlinburg TN 37738

TITLE V  
NAME CHURCHILL, ROBERT ☒ Delete  
STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ Change ☐ Addition  
NAME Jerry W Bradford  
STREET ADDRESS 315 River Road  
CITY-ST-ZIP Gatlinburg, TN 37738

TITLE DV  
NAME GETMAN, DENNIS J ☒ Delete  
STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stacy H Robbins, V.P. 1-6-00 904 615 6556

CR2E034 (9/99)