



DOCUMENT # F94000005649

1. Entity Name

RESORT MARKETING INTERNATIONAL, INC.

AMENDMENT

Principal Place of Business

Mailing Address

LAKE BRYAN BEACH BLVD
ORLANDO FL 328211781 PARK CENTER DR
ORLANDO FL 32835-6210
US

FILED

00 AUG -4 AM 6:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6177 Lake Ellenor Dr.

City & State

City & State

Zip

Country

Zip

Country

Orlando, FL
32809

US

4. FEI Number

95-4484297

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

988883384049--8

-09/06/00--01095--003

City

***1347-50

FL

****61.25
Zip Code

9. 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

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐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	VP	<input checked="" type="checkbox"/> Delete
NAME	FREY, CHARLES C	
STREET ADDRESS	1781 PARK CENTER DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, STEVEN L	
STREET ADDRESS	1781 PARK CENTER DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, RICHARD	
STREET ADDRESS	1781 PARK CENTER DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BELL, THOMAS A	
STREET ADDRESS	1781 PARK CENTER DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	NOYES, JAMES E	
STREET ADDRESS	1781 PARK CENTER DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELORENZO, DENNIS	
STREET ADDRESS	1781 PARK CENTER DR.	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles C. Frey	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen M. Richmond	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	T/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith J. Brown	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. Lincoln Morison	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas J. Gispanski	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	SEE ATTACHED EXHIBIT "A"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOR ADDITIONAL OFFICERS	
STREET ADDRESS		
CITY-ST-ZIP		

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:

Stephen M. Richmond

532-1350

(407) 532-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Additional Officers
Exhibit "A"
Resort Marketing International, Inc.**

Sandra K. Michel, Assistant Secretary
Johnny W. Griffith, Assistant Vice President/Broker
Anita Boel, Assistant Vice President/Broker
Lawrence E. Miller, Assistant Vice President/Broker
Richard H. Cox, Assistant Vice President/Broker

Officers listed above are located at the
Corporate mailing address.

