

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000043475

Entity Name: RESORT MANAGEMENT FINANCE SERVICES, INC.**Current Principal Place of Business:**6649 WESTWOOD BLVD
ORLANDO, FL 32821**Current Mailing Address:**6649 WESTWOOD BLVD
ORLANDO, FL 32821 US**FEI Number:** 45-2346663**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP	Title	DIRECTOR, PRESIDENT
Name	BLYTHE, BRYAN K	Name	HUNTER, JAMES H IV
Address	6649 WESTWOOD BLVD	Address	6649 WESTWOOD BLVD
City-State-Zip:	ORLANDO FL 32821	City-State-Zip:	ORLANDO FL 32821
Title	SECRETARY	Title	DIRECTOR
Name	SILVERMAN, JILL TILTON	Name	GELLER , JOHN E JR
Address	6262 SUNSET DRIVE	Address	6649 WESTWOOD BLVD
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	ORLANDO FL 32821
Title	TREASURER		
Name	BRAMUCHI, JOSEPH J		
Address	6649 WESTWOOD BLVD		
City-State-Zip:	ORLANDO FL 32821		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JILL TILTON SILVERMAN**SECRETARY****02/07/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date