

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755942

1. Entity Name

THE SURF CLUB OF MARCO, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90090 040 ****61.25

Principal Place of Business

Mailing Address

540 S COLLIER BLVD
 MARCO ISLAND FL 34145
 US

~~501 S COLLIER BLVD STE 309~~
~~MARCO IS FL 34145-3304~~
~~US~~

2. Principal Place of Business

3. Mailing Address

599 S. Collier Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309

City & State

City & State
 Marco Island, FL

4. FEI Number

59-2367988

Applied For

Not Applicable

Zip

Country

34145

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

HILTON GRAND VACATIONS COMPANY

~~591 S COLLIER BLVD STE 309~~ 599 S. Collier Blvd.
~~MARCO IS FL 34145~~ Suite #309
 Marco Island, FL34145

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSVOLD, HARALD SMESTAD N-0309 OSLO 3 NO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALLEN, DANIEL P 1143 W WILSON RD CILO MI 48420	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROUSH, C. WAYNE 3817 SW 2ND AVENUE CAPE CORAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AS Agent for The Surf Club Condominium Association

Date Daytime Phone #

3/2/00 941-642-5800

CR2E037 (9/99)