

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-15-2001 90080 045 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755942

1. Entity Name

THE SURF CLUB OF MARCO, INC.

CP

Principal Place of Business

540 S COLLIER BLVD
MARCO ISLAND FL 34145
US

Mailing Address

599 S COLLIER BLVD
STE 309
MARCO ISLAND FL 34145
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2367988

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HILTON GRAND VACATIONS COMPANY
599 S COLLIER BLVD STE 309
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name
Hilton Grand Vacations Company, LLC
Street Address (P.O. Box Number is Not Acceptable)
6355 MetroWest Blvd., Ste. 180
City
Orlando FL Zip Code
32835

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 Rebecca Sloan Rebecca Sloan, Vice President DATE 1-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSVOLD, HARALD SMESTAD N-0309 P.O. Box 93 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 checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Presidents <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. William Chandler 790 Old Fall River Road No. Dartmouth, MA 02747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. M. T. Myers 647 Stafford Ave Spartanburg, SC 29302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. Harald Osvoid Smestad N-0309, P.O. Box 93 Oslo 3, Norway
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
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

4-27-01 941-642-5800
Date Daytime Phone #

CR2E037 (10/00)