

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90185 043 ****70.00

DOCUMENT # 770328

1. Entity Name

KINGS POINT TRAVEL CLUB, INC.

Principal Place of Business

Mailing Address

**1900 CLUBHOUSE DR
SUN CITY CENTER FL 33573
US****2416 OXFORD DOWN CT.
SUN CITY CENTER FL 33573
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

59-2192816

Applied For

Not Applicable

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

**MCMANUS, GLORIA J
2416 OXFORD DOWN COURT
SUN CITY CENTER FL 33573**

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 \$61.259. 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD JAN MCMANUS 2416 OXFORD DOWN CT. SUN CITY CENTER FL			
D SALMON, BETTE 425 GLADSTONE PLACE SUN CITY CENTER FL 33573			
D MCMANUS, GLORIA 2416 OXFORD DOWN CT. SUN CITY CENTER FL 33573			
D PARNELL, LOIS 2221 GREENWICH DR. SUN CITY CENTER FL 33573			
D KUNHARDT, BARBARA 2014 HAMPSTEAD CIR SUN CITY CENTER FL 33573			

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: *Gloria J. McManus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gloria J. McManus**1/21/02 873 633 2999*

Date

Daytime Phone #

CR2E037 (9/01)