

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90140 025 \*\*\*\*70.00

**DOCUMENT # 770328**

1. Entity Name  
**KINGS POINT TRAVEL CLUB, INC.**



Principal Place of Business  
**1900 CLUBHOUSE DR  
SUN CITY CENTER FL 33573  
US**

Mailing Address  
**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



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **JAN MCMANUS**  
STREET ADDRESS **2416 OXFORD DOWN CT.**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SALMON, BETTE**  
STREET ADDRESS **425 GLADSTONE PLACE**  
CITY-ST-ZIP **SUN CITY CENTER-FL- 33573**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCMANUS, GLORIA**  
STREET ADDRESS **2416 OXFORD DOWN CT.**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PARNELL, LOIS**  
STREET ADDRESS **2221 GREENWICH DR.**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **D** ☒ Change ☐ Addition  
NAME **HEITGER, LOIS**  
STREET ADDRESS **2221 GREENWICH DR.**  
CITY-ST-ZIP **SUN CITY CENTER, FL- 33573**

TITLE **D** ☐ Delete  
NAME **KUNHARDT, BARBARA**  
STREET ADDRESS **2014 HAMPSTEAD CIR**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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* **REQUIRE** *Gloria J McManus* 4-14-03 813633 2999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)