

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0492980 AV

**DOCUMENT # 847250**

**1. Entity Name**  
**RESORTS MARKETING CORPORATION II, INC.**

04-02-2002 90066 035 \*\*\*150.00

**Principal Place of Business**  
**14831 LAGUNA DR**  
**FT MYERS FL 33908**  
**US**

**Mailing Address**  
**14831 LAGUNA DR**  
**FT MYERS FL 33908**  
**US**



**2. Principal Place of Business**  
**9301 Gulfshore Drive**

**3. Mailing Address**  
**9301 Gulfshore Drive**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**Naples, FL**

**City & State**  
**Naples, FL**

**4. FEI Number**  
**35-1473216**

**Applied For**  
☐ **Not Applicable**

**Zip**  
**34108**

**Country**  
**US**

**Zip**  
**34108**

**Country**  
**US**

**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**

**FASIG, DONALD L**  
**14831 LAGUNA DR**  
**FT. MYERS FL 33908**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**9301 Gulfshore Drive**  
**City**  
**Naples** **FL** **Zip Code**  
**34108**

**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** *Donald L Fasig* **3-12-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>FASIG, DONALD L</b> <b>14831 LAGUNA DR</b> <b>FT MYERS FL</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>STRANEY, ANITA L</b> <b>5336 CONGO COURT</b> <b>CAPE CORAL FL</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>Fasig, Donald L</b> <b>9301 Gulfshore Drive</b> <b>Naples, FL 34108</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:** *Donald L Fasig* **3-12-02** **941-597-9111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)