

# 2000 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 18 PM 12:44

CR2E003 (9/99)

DOCUMENT # A20666

1. Entity Name

RESORT HOLDINGS I, LTD.

Principal Place of Business

MARRIOTT AT SAWGRASS  
1000 TPC BOULEVARD  
PONTE VEDRA BEACH FL 32082

Mailing Address

% KING & SPALDING ATTN: WALTER DRIVER, JR  
191 PEACHTREE STREET  
ATLANTA GA 30303-1340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1641379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

9. Capital Contributions  
as Shown on record.

\$24,750,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P36647  
NAME JOWA RESORT INC. FLORIDA  
STREET ADDRESS 191 PEACHTREE ST.  
CITY - ST - ZIP ATLANTA GA 30303

13. ADDRESS CHANGES ONLY

STREET ADDRESS 400003155884--0  
CITY - ST - ZIP 03/03/00--01015--011  
\*\*\*\*526.25 \*\*\*\*526.25

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Kenneth L. Spence KENNETH L. SPENCE 2-1-00 808 942-8607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #