

# 2000 UNIFORM BUSINESS REPORT (UBR)

0012935

DOCUMENT # A97000002864

1. Entity Name

VISTANA WGV MANAGEMENT, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 AM 9:12

Principal Place of Business

8801 VISTANA CENTRE DRIVE  
ORLANDO FL 32821-6353

Mailing Address

P.O. BOX 22197  
LAKE BUENA VISTA FL 32830-2197

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

59-3486096

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000000708  
NAME VISTANA WGV MANAGEMENT, INC.  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL 32821-6353

STREET ADDRESS

CITY-ST-ZIP

6000003170276--8  
-03/15/00--01005--020  
\*\*\*\*\*695.00 \*\*\*\*\*342.50

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CITY-ST-ZIP

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

Vistana WGV Management, Inc. sole general partner of Vistana WGV Management, Ltd.

SIGNATURE: By: Susan Werth Sr. VP/Law

(407) 239-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)