

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90105 043 \*\*\*150.00

DOCUMENT # F03171

1. Corporation Name

MINIERI INTERVAL RESORTS, INC.

Principal Place of Business

6709 RIDGE ROAD STE 200  
PORT RICHEY FL 34668-3890

Mailing Address

6709 RIDGE ROAD STE 200  
PORT RICHEY FL 34668-3890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1980

4. FEI Number

59-2040500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing,  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 2739 U.S. Hwy 19

2a. Mailing Address

26 P.O. Box 2108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

27

City & State

23 HOLIDAY, FL

City & State

28 ELMERS FL

Zip

24 34691 25 USA

Zip

29 34680-2108 30 USA

9. Name and Address of Current Registered Agent

HUDSON, JOHN E.  
6709 RIDGE ROAD STE 200  
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2739 U.S. Hwy 19,

83 SUITE 201

84 City

HOLIDAY, FL 34691

FL

85 Zip Code

34691

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
SILVA, SUSAN  
STREET ADDRESS  
6709 RIDGE RD  
CITY-ST-ZIP  
PORT RICHEY FL

TITLE ☐ DELETE

NAME  
HUDSON, JOHN  
STREET ADDRESS  
6709 RIDGE ROAD  
CITY-ST-ZIP  
PT. RICHEY FL

TITLE ☒ DELETE

NAME  
NORTON, DAVID C.  
STREET ADDRESS  
6709 RIDGE ROAD  
CITY-ST-ZIP  
PT. RICHEY FL

TITLE ☒ DELETE

NAME  
SLEEMAN, GEORGE  
STREET ADDRESS  
6709 RIDGE ROAD  
CITY-ST-ZIP  
PT RICHEY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2739 U.S. HWY. 19, SUITE 201

1.4 CITY-ST-ZIP HOLIDAY, FL 34691

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2739 U.S. HWY 19, SUITE 201

2.4 CITY-ST-ZIP HOLIDAY, FL 34691

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)