

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F03171

1. Entity Name

MINIERI INTERVAL RESORTS, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90035 032 ***150.00

Principal Place of Business

8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655
US

Mailing Address

8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2040500

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HUDSON, JOHN E.
2739 U.S. HIGHWAY 19
SUITE 201
HOLIDAY FL 34691

Name

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

8801 River Crossing Blvd.

City

New Port Richey

FL

Zip Code

34655

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.

JOHN E. HUDSON

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME SILVA, SUSAN
STREET ADDRESS 2739 U.S. HIGHWAY 19, SUITE 201
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 8801 River Crossing Blvd
CITY-ST-ZIP New Port Richey, FL 34655

TITLE PD ☐ Delete
NAME HUDSON, JOHN
STREET ADDRESS 2739 U.S. HIGHWAY 19, SUIT 201
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 8801 River Crossing Blvd.
CITY-ST-ZIP New Port Richey, FL 34655

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

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

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

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. HUDSON

Date

4/25/01

Daytime Phone #

727-375-1165

CR2E034 (10/00)