

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91569 041 ***150.00

DOCUMENT # F19620

1. Entity Name

RESORT PROPERTIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

101 BRADLEY PLACE
 SUITE 210
 PALM BEACH FL 33480
 US

P.O. BOX 1121
 PALM BEACH FL 33480

2. Principal Place of Business

226 Chillian Avenue

Suite, Apt. #, etc.

3. Mailing Address

226 Chillian Avenue

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

City & State

Palm Beach, Florida

Zip

Country

33480

U.S.A.

Zip

Country

33480

U.S.A.

4. FEI Number

59-2077422

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

~~THIBADEAU, PAUL EGG~~
~~50 SOUTH US HIGHWAY ONE~~
~~JUPITER FL 33477~~

Name

Conrad Damon, Esquire

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

4420 Beacon Circle, Suite 100

City

West Palm Beach

FL

Zip Code

33407

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 the 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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTS
 DICK, MICHELLE H.
 172 N. COUNTY ROAD, #8
 PALM BEACH FL 33480 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Barry Miller
 226 Chillian Avenue
 Palm Beach, Florida 33480 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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

Date

Daytime Phone #

CR2E034 (10/00)