

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F23582

1. Entity Name:

RESORT WORLD OF ORLANDO MANAGEMENT CO., INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90016 020 ***150.00

Principal Place of Business 2794 N POINCIANA BLVD KISSIMMEE FL 34746 US	Mailing Address P O BOX 422168 KISSIMMEE FL 34742-2168 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MEYERS, PA, STEVEN M ONE BISCAYNE TOWER SUITE 3550 TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131	7. Name and Address of New Registered Agent Name: Meyers, Jared M. Street Address (P.O. Box Number is Not Acceptable): Executive Offices 2794 N. Poinciana Blvd. City: Kissimmee FL Zip Code: 34746
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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: Jared Meyers VP (NOTE: Registered Agent signature required when reinstating) DATE: 1-14-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEYERS, NEIL S 5001 LAKE CECIL DRIVE KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D meyers, Neil 5001 Lake Cecil Drive Kissimmee, FL 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCBS MEYERS, HILLEL 4875 PINE TREE DRIVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D meyers, Hillel 4875 Pine Tree Drive Miami Bch, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAPLUS, ROBERT 3235 TOMAHAWK DR KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T/D Kaplus, Robert A. 3235 Tomahawk Drive Kissimmee, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYERS, JARED 123 CELEBRATION BLVD CELEBRATION FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP meyers, Jared M. 2794 N. Poinciana Blvd. Kissimmee, FL 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Infante, Rodney 2794 N. Poinciana Blvd. Kissimmee, FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jared Meyers VP (NOTE: Signature and typed or printed name of signing officer or director) DATE: 1-14-2000 (407) 977-5192

CR2E034 (3/99)