

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90242 031 ***150.00

0658674

DOCUMENT # F23582

1. Entity Name
RESORT WORLD OF ORLANDO MANAGEMENT CO., INC.

Principal Place of Business
2794 N POINCIANA BLVD
KISSIMMEE FL 34746
US

Mailing Address
P O BOX 422168
KISSIMMEE FL 34742-2168
US

2. Principal Place of Business
2800 N. POINCIANA BLVD

3. Mailing Address
2800 N. POINCIANA BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE FL

City & State
KISSIMMEE FL

4. FEI Number **59-2095099** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country **34746 US** Zip Country **34746 US**

6. Name and Address of Current Registered Agent
MEYERS, JARED M
EXECUTIVE OFFICES
2794 N POINCIANA BLVD
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent
 Name **ROBERT KAPLUS**
 Street Address **2800 N. POINCIANA BLVD**
 City **KISSIMMEE FL** Zip **34746**

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]** **Robert A. Kaplus** **4-20-01**
 Signature, typed or printed name of registered agent and title if 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	PSTD MEYERS, NEIL S 5001 LAKE CECIL DRIVE KISSIMMEE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERS, HILLEL 4875 PINE TREE DRIVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D CB MEYERS, HILLEL 4875 PINETREE DR MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSCD KAPLUS, ROBERT 3235 TOMAHAWK DR KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD T KAPLUS, ROBERT A. 8842 ELLIOT'S CT ORLANDO FL 32836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEYERS, JARED 123 CELEBRATION BLVD CELEBRATION FL 34747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<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: **[Signature]** **ROBERT A. KAPLUS** **4/10/01** **407-997-5192**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)