

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

06577

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90016 023 ***150.00

DOCUMENT # **F94000001218**

1. Corporation Name

EMBASSY VACATION RESORTS, INC.

Principal Place of Business

**755 CROSSOVER LANE
MEMPHIS TN 38117
US**

Mailing Address

**755 CROSSOVER LANE
MEMPHIS TN 38117
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

62-1558894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, RAYMOND E	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	KELTNER, THOMAS L	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KELLEHER, RICHARD M.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HALPERN, M. RONALD	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	KESSER, PETER H.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	SVS	<input checked="" type="checkbox"/> DELETE
NAME	LAKE, RALPH	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Raymond Terry, III	
1.3 STREET ADDRESS	755 Crossover Lane	
1.4 CITY-ST-ZIP	Memphis, TN 38117	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dan L. Hale	
2.3 STREET ADDRESS	755 Crossover Lane	
2.4 CITY-ST-ZIP	Memphis, TN 38117	
3.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. Kendall Huber	
3.3 STREET ADDRESS	755 Crossover Lane	
3.4 CITY-ST-ZIP	Memphis, TN 38117	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Peter H. Kesser	
5.3 STREET ADDRESS	755 Crossover Lane	
5.4 CITY-ST-ZIP	Memphis, TN 38117	
6.1 TITLE	VASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William S. Harrison	
6.3 STREET ADDRESS	755 Crossover Lane	
6.4 CITY-ST-ZIP	Memphis, TN 38117	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
Date

901-574-5000
Daytime Phone #

CR2E034 (11/98)

U10680 104105
F94000001218

EMBASSY VACATION RESORTS, INC.
FEDERAL ID#: 62-1558894

PRIMARY BUSINESS ADDRESS: 755 CROSSOVER LANE
MEMPHIS, TENNESSEE 38117

DIRECTORS:

William S. Harrison
Peter H. Kesser
J. Kendall Huber

OFFICERS:

Raymond Terry, III	President
Dan L. Halle	Executive Vice President
Stevan D. Porter	Executive Vice President
J. Kendall Huber	Executive Vice President/Secretary
M. Ronald Halpern	Sr. Vice President/Asst. Secretary
William S. Harrison	Sr. Vice President/Asst. Secretary/Treasurer
Robert S. Davis	Sr. Vice President
Ronald Muzii	Sr. Vice President
H. Nadine Greenwood	Vice President
Mitch Frankel	Vice President
Kevin W. Kern	Vice President/Asst. Secretary
Peter H. Kesser	Vice President/Asst. Secretary
Lawrence A. Russell, Jr.	Vice President/Asst. Secretary
R. Bryan Mulroy, Jr.	Vice President/Asst. Treasurer
W. Steven Standefer	Vice President/Asst. Treasurer