

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90068 045 ***150.00

A0066875



DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000004495

1. Entity Name
RESORT CONNECTIONS, CO.

Principal Place of Business

Mailing Address

1751 MOUND ST
STE 204C
SARASOTA 34236

P.O. BOX 1030
SARASOTA FL 34230-1030
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0486774

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

Name

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

City

FL

Zip Code

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.

(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, 2000 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 ☐ Delete
NAME **P**
STREET ADDRESS **ROBERTSON, K D**
CITY-ST-ZIP **921 SWEET JULI CT WAY**
GREENBORO SC 29650

TITLE ☒ Change ☐ Addition
NAME **319 Parkside Drive**
STREET ADDRESS **Simpsonville, SC 29681**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MCKENZIE, LINDA**
CITY-ST-ZIP **343 S WASHINGTON DR**
SARASOTA FL 34230

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CAMPAIGNE, JACQUILINE**
CITY-ST-ZIP **689 LANDS END DR.**
LONGBOAT KEY FL 34228

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/00 941-388-4074

F-9400000495
A6066875

Resort Connections

Exclusive Sales & Marketing Broker

PO Box 1030, Sarasota, FL 34230

Tel 941-388-4014 Fax 941-388 5045

May 10, 2000

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Re: Resort Connections – license fee

I am writing to request a possible waiver of penalty in late filing for the above corporation.

I spent all of April seeking medical attention for a problem that appeared rather serious in nature. As a result of all of the problems involved therein, I had a surgical procedure and biopsy done on April 20. I was so involved in the problem that I didn't attend to my personal matters, including paying bills and filing the within form.

I am submitting the \$150 fee for filing and hope that you will consider waiving the late penalty. If the penalty cannot be waived, I will call a meeting to see if we should close the corporation as it had very little activity this year.

I am enclosing herewith letters of verification regarding the medical problem.

Your consideration will be greatly appreciated.

Yours truly,

Linda Mckenzie, CRB

LM/II
Enc.

#F9400000495
A0066875



SARASOTA PATHOLOGY

2001 Webber Street, Sarasota, FL 34239 • (941) 362-8900 • Fax (941) 362-8944

Referring Physician: C. BADII
Area of Service: OUT-PATIENT

Date Billed: 5/05/2000

Fed. Id. 59-1614252
Acct. No. 01530431
Patient No. 90015268

Make Checks Payable to:
SARASOTA PATHOLOGY
(U.S. FUNDS ONLY)

AMOUNT
ENCLOSED \$ _____

LINDA MCKENZIE
PO BOX 1030
SARASOTA

FL
34230

PATIENT: MCKENZIE LINDA

(PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT)

SARASOTA PATHOLOGY

2001 WEBBER STREET, SARASOTA, FL 34239 (941) 362-8900, FAX (941) 362-8944

SERVICE DATE	DIAG CODE	PROCEDURE CODE	DESCRIPTION	QTY	FEES	TOTAL
5/20/2000	2114	88305	TISSUE, INTERMEDIATE	1	115.00	115.00

#F-94000004475
A00 66875



**BlueCross BlueShield
of South Carolina**

1-20 at Alpine Road
Columbia, S.C. 29219-0001

I. D. NUMBER: ZCY250683759

PATIENT NAME: LINDA

RELATIONSHIP: SUBSCRIBER

DATE OF NOTICE: 05/01/00

GROUP NUMBER : 871851820

DATE RECEIVED : 04/25/00

CLAIM NUMBER: 0X1850397-00-00 ROUTE: A31

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EXPLANATION OF BENEFITS

BENEFIT PERIOD BEGIN DATE: 03/01/00

LINDA B MCKENZIE
P.O. BOX 1030
SARASOTA FL 34230-1030

SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NON-COVERED AMOUNT	REASON	COVERED EXPENSES PLAN	AMOUNT	LESS DEDUCTIBLE	CONTRACT ALLOWANCE	BENEFIT PAYABLE
OFFICE SURGERY	04/20/00	470.00	.00		COMPREHENSIVE	470.00	470.00		
		470.00	.00			470.00	470.00		

HEALTH BENEFITS PAID FOR THIS PERIOD : .00 THE PAYMENT FOR THIS CLAIM .00

THE 1000.00 DEDUCTIBLE, YOU HAVE SATISFIED : 611.00 BALANCE DUE SARASOTA CENTER FOR 470.00
THE 1500.00 OUT-OF-POCKET MAX, YOU HAVE SATISFIED : .00

COMPREHENSIVE BENEFITS ARE LESS THAN THE DEDUCTIBLE AS PER YOUR HEALTH PLAN. WHEN ADDITIONAL CLAIMS ARE FILED, THEY WILL BE REVIEWED FOR POSSIBLE PAYMENT.

- THIS IS A PARTICIPATING PROVIDER. THE BALANCE DUE FROM YOU IS LIMITED TO THE AMOUNT SHOWN AS *BALANCE DUE SARASOTA CENTER FOR *.
BALANCE DUE PROVIDER IS THE AMOUNT YOU OWE THE PROVIDER ONLY IF YOU HAVE NOT ALREADY PAID THE PROVIDER.

SARASOTA CENTER SERVICE HOURS ARE FROM 9:00 A.M. TO 4:00 P.M. MONDAY THROUGH