2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2000 8:00 am Secretary of State DOCUMENT # F94000004495 1. Entity Name RESORT CONNECTIONS, CO. 05-30-2000 90068 045 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1030 1751 MOUND ST A0066875 SARASOTA FL 34230-1030 5TE 204C SARASOTA 34236 2. Principal Place of Busines 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0486774 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCKENZIE, LINDA B Street Address (P.O. Box Number is Not Acceptable) 343 SO. WASHINGTON SARASOTA FL 34236 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change : TITLE TITLE ☐ Delete ROBERTSON, K D NAME NAME 921 SWEET JULI CT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENBORO SC 29650 CITY-ST-ZIF Addition ☐ Delete TITLE TITLE MCKENZIE. LINDA NAME NAME STREET ADDRESS 343 S WASHINGTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34230 ☐ Change Addition. TITLE Delete TITLE CAMPAIGNE, JACQUILINE NAME NAME 689 LANDS END DR. STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY-ST-7IF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR

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, FI 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.

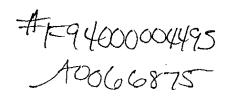
Your consideration will be greatly appreciated.

Yours truly;~

Linda Mckenzie, CRB

LM/II

Enc.





TIENT:

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

LINDA MCKENZIE PO BOX 1030

SARASOTA

FL.

34230

MCKENZIE LINDA

Fed. Id. 59-1614252 Acct. No. 015B0481 Patient No. 90015268

Make Checks Payable to: SARASOTA PATHOLOGY

(U.S. FUNDS ONLY)

AMOUNT
ENCLOSED \$_____

(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)N	QTY	FEE	ήνται
/20/2000	2114	88305	TISSUE	INTERMEDIATE	1,	115.00	115.00

#F9400004475 10066875



I. D. NUMBER: (ZCY250683759

DATE OF NOTICE: 05/01/00

PATIENT NAME: LINDA

GROUP NUMBER :871851820

RELATIONSHIP: SUBSCRIBER

DATE RECEIVED: 04/25/00

CLAIM NUMBER: 0X1850397-00-00

ROUTE: A31

.5991 PAGE -LANATION OF BENEFITS BENEFIT PERIOD BEGIN DATE: 03/01/00

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

. T. SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NON-COVERE		EXPENSES AMOUNT	LESS DEDUCTIBLE	CONTRACT ALLOWANCE	BENEFIT PAYABLE
CENTER FOR	04/20/00	470.00	.00	COMPREHENSIVE	470.00	470.00		<u></u>

... HEALTH BENEFITS PAID FOR THIS ---- THIS BENEFIT PERIOD :

THE PAYMENT FOR THIS CLAIM

.00

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

470.0

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

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

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