

DOCUMENT # F94000005562

1. Entity Name

RESORT MANAGEMENT INTERNATIONAL, INC.

FILED

00 AUG -4 AM 7:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDMENT

Principal Place of Business

Mailing Address

1781 PARK CENTER DR
ORLANDO FL 328351781 PARK CENTER DR
ORLANDO FL 32835-6210
US

2. Principal Place of Business

3. Mailing Address

6177 Lake Ellenor Dr.
Suite, Apt. #, etc.6177 Lake Ellenor Dr.
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32809

Country

US

Zip

32809

Country

US

4. FEI Number

58-2064793

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐FILED FOR FREE IS \$150.00
After MAY 1, 2000 Fee will be \$550.0010. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD MILLER, L STEVEN 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Charles C. Frey 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TD GOODMAN, RICHARD 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stephen M. Richmond 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
SD BELL, THOMAS A 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Keith J. Brown 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T. Lincoln Morison 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas J. Gispanski 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

700003384067--2

-09/06/00--01095--003

1347.50 **61.25

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:

Stephen M. Richmond

(407)

532-1350

532-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone