

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90478 001 *2,611.25

DOCUMENT # F94000005562

1. Entity Name

RESORT MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

**6177 LAKE ELLENOR DR.
ORLANDO FL 32809
US**

Mailing Address

**6177 LAKE ELLENOR DR.
ORLANDO FL 32809
US**

2. Principal Place of Business

1781 Park Center Dr.

Suite, Apt. #, etc.

3. Mailing Address

1781 Park Center Dr.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

58-2064793

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

32835

Country

USA5. 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

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

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, 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	DELETE
PD	FREY, CHARLES C	6177 LAKE ELLENOR DR.	ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
S	RICHMOND, STEPHEN M	6177 LAKE ELLENOR DR.	ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
D	MORISON, T LINCOLN	6177 LAKE ELLENOR DR.	ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
T	BROWN, KEITH J	6177 LAKE ELLENOR DR.	ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
D	GISPANSKI, THOMAS J	6177 LAKE ELLENOR DR.	ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	Gregory F. Rayburn	1781 Park Center Dr.	Orlando, FL 32835	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VPD	Lawrence E. Young	1781 Park Center Dr.	Orlando, FL 32835	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
AS	John M. Campbell	1781 Park Center Dr.	Orlando, FL 32835	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
AT	Eric P. Butte	1781 Park Center Dr.	Orlando, FL 32835	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	David C. Johnston	1781 Park Center Dr.	Orlando, FL 32835	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<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.

John M. Campbell
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/01

Daytime Phone #

407-532-1000

CR2E034 (10/00)