

DOCUMENT # F97000004356

1. Entity Name

PLANTATION RESORTS GROUP, INC.

AMENDMENT

Principal Place of Business

Mailing Address

1781 PARK CENTER DR
ORLANDO FL 32835

1781 PARK CENTER DR
ORLANDO FL 32835-6210
US

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Mailing Address

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

54-1841228

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 ROAD
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

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) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	☒ Delete
NAME	MILLER, STEVEN L	
STREET ADDRESS	1781 PARK CENTER DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DT	☒ Delete
NAME	GOODMAN, RICHARD	
STREET ADDRESS	1781 PARK CENTER DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DS	☒ Delete
NAME	BELL, THOMAS A	
STREET ADDRESS	1781 PARK CENTER DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPAS	☒ Delete
NAME	RICKMAN, WAYNE	
STREET ADDRESS	3800 GREENCASTLE DR	
CITY-ST-ZIP	WILLIAMSBURG VA 23188	
TITLE	VPAS	☒ Delete
NAME	DELORENZO, DENNIS	
STREET ADDRESS	8651 TREASURE CAY LN	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	☐ Change ☒ Addition
NAME	Charles C. Frey	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	S	☐ Change ☒ Addition
NAME	Stephen M. Richmond	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	T	☐ Change ☒ Addition
NAME	Keith J. Brown	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	D	☐ Change ☒ Addition
NAME	T. Lincoln Morison	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	D	☐ Change ☒ Addition
NAME	Thomas J. Gispanski	
STREET ADDRESS	6177 Lake Ellenor Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
532-1350

Date

Daytime Phone #

CR2E034 (9/99)