

2000 UNIFORM BUSINESS REPORT (UBR)

7/

FILED

Aug 21, 2000 8:00 am
Secretary of State

07-25-2000 90070 001 *2,200.00

DOCUMENT # F99000004048

1. Entity Name

ADVANTAGE VACATION HOMES BY STYLES, INC.

[Handwritten mark]

Principal Place of Business

530 OAK COURT DRIVE, SUITE 360
MEMPHIS TN 38117

Mailing Address

530 OAK COURT DRIVE, SUITE 360
MEMPHIS TN 38117

2. Principal Place of Business

7799 STYLES BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

MISSISSIMMEE, FL

City & State

Zip

Country

34747

OSCEOLA

Zip

Country

4. FEI Number

DO NOT WRITE IN THIS SPACE

58-2498295

APPLIED FOR

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PSD	☒ Delete
NAME	LINES, JOHN K	
STREET ADDRESS	530 OAK COURT DRIVE, SUITE 360	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	T	☒ Delete
NAME	ALDY, MARK	
STREET ADDRESS	530 OAK COURT DRIVE, SUITE 360	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STREATOR + CEO	☐ Change ☒ Addition
NAME	DAVID L. LEWINE	
STREET ADDRESS	530 OAK COURT DR. SUITE 360	
CITY-ST-ZIP	MEMPHIS, TN 38117	
TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	JOHN E. STYLES	
STREET ADDRESS	7799 STYLES BLVD	
CITY-ST-ZIP	MISSISSIMMEE, FL 34747	
TITLE	AS	☐ Change ☒ Addition
NAME	B. Stanley	
STREET ADDRESS	530 Oak Court Dr. Suite 360	
CITY-ST-ZIP	Memphis, TN 38117	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CONTROLLER	☐ Change ☒ Addition
NAME	Scott Murphy	
STREET ADDRESS	530 Oak Court Dr. Suite 360	
CITY-ST-ZIP	Memphis, TN 38117	
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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/2000 901-762-4047