

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**  
 02-21-2002 90053 009 \*\*\*150.00

**DOCUMENT # F99000004717**

**1. Entity Name**  
**BLUEBILL VACATION PROPERTIES, INC.**

**Principal Place of Business**

**26201 HICKORY BLVD  
 BONITA SPRINGS FL 34134**

**Mailing Address**

**C/O RESORTQUEST INTERNATIONAL, INC.  
 530 OAK COURT DRIVE, SUITE 360  
 MEMPHIS TN 38117**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

**58-2498307**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. 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 ROAD  
 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, 2002 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** **CEOD** ☐ Delete  
**NAME** **LEVINE, DAVID L**  
**STREET ADDRESS** **530 OAK COURT DRIVE, SUITE 360**  
**CITY-ST-ZIP** **MEMPHIS TN 38117**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **P** ☐ Delete  
**NAME** **WILLIAMS, ALLEN C**  
**STREET ADDRESS** **13831 VECTOR AVE STE-105**  
**CITY-ST-ZIP** **FORT MYERS FL 33907**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VP** ☐ Delete  
**NAME** **BURNETT, WILLIAM**  
**STREET ADDRESS** **13831 VECTOR SVE STE 105**  
**CITY-ST-ZIP** **FORT MYERS FL 33907**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **AS** ☒ Delete  
**NAME** **STANDARD, KELLEY B**  
**STREET ADDRESS** **530 OAK COURT DRIVE, SUITE 360**  
**CITY-ST-ZIP** **MEMPHIS TN 38117**

**TITLE** ☐ Change ☒ Addition  
**NAME** **VP/Gen Coun/Sec**  
**STREET ADDRESS** **M. Ronald Halpern**  
**CITY-ST-ZIP** **530 Oak Court Drive, Suite 360**  
**Memphis, TN 38117**

**TITLE** **CON** ☐ Delete  
**NAME** **MURPHY, J SCOTT**  
**STREET ADDRESS** **530 OAK DR STE-360**  
**CITY-ST-ZIP** **MEMPHIS TN 38117**

**TITLE** ☒ Change ☐ Addition  
**NAME** **VP/Con**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VPT** ☐ Delete  
**NAME** **SELBERG, DAVID**  
**STREET ADDRESS** **530 OAK COURT DR SUITE 360**  
**CITY-ST-ZIP** **MEMPHIS TN 38117**

**TITLE** ☐ Change ☒ Addition  
**NAME** **AS**  
**STREET ADDRESS** **Karen M. Ray**  
**CITY-ST-ZIP** **530 Oak Court Dr., Suite 360**  
**Memphis, TN 38117**

**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:** *Karen M. Ray, Assistant Secretary*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/28/02*  
 Date

*901/762-4079*  
 Daytime Phone #

CR2E034 (9/01)