

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G19736

1. Entity Name

ISLAND ONE RESORTS MANAGEMENT CORPORATION

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90854 001 \*\*\*317.50

Principal Place of Business	Mailing Address
2345 SANDLAKE ROAD STE 100 ORLANDO FL 32809 <b>**please note address correction</b>	2345 SANDLAKE ROAD STE 100 ORLANDO FL 32809-9120 US <b>**please note address correction</b>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2345 Sand Lake Road</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Orlando, Florida</b> Zip <b>32809</b> Country <b>USA</b>	3. Mailing Address <b>2345 Sand Lake Road</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Orlando, Florida</b> Zip <b>32809</b> Country <b>USA</b>
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4. FEI Number <b>59-2302506</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KORSHAK, STEPHE D**  
**2345 SAND LAKE ROAD**  
**STE 120**  
**ORLANDO FL 32809**  
**\*\*please note name correction**

Name <b>Korshak, Stephen D</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2345 Sand Lake Road</b>
<b>Suite 120</b>
City <b>Orlando, FL</b> Zip Code <b>32809</b>

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LINDEN, DEBORAH L 2345 SAND LAKE RD STE 100 ORLANDO FL 32809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUMBRAS SANCHEZ, SULYN 2345 SAND LAKE ROAD, #100 ORLANDO FL 32809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ERFURTH, CARY J 2345 SAND LAKE RD STE 100 ORLANDO FL 32809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Holbrook, Karen S. 2345 Sand Lake Road, Suite 100 Orlando, Florida 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert J. Webb 2345 Sand Lake Road, #100 Orlando, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Art Zimand 2345 Sand Lake Road, #100 Orlando, FL 32809 <input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: Deborah L. Linden  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-00 (407) 859-8900  
 Date Daytime Phone #

CR2E034 (9/99)