

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90059 031 \*\*\*158.75

DOCUMENT # G19736

1. Entity Name

Island One Resorts Management Corporation



**DO NOT WRITE IN THIS SPACE**

**90019165**

2. Principal Place of Business  
2345 Sand Lake Road

3. Mailing Address

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State

Zip  
32809

Country  
US

Zip

Country

4. FEI Number  
58-2302506

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Korshak, Stephen D.

Street Address (P.O. Box Number is Not Acceptable)

2345 Sand Lake Road, Suite 120

City Orlando,

FL

Zip Code  
32809

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
Linden, Deborah L.  
2345 Sand Lake Rd. Suite 100  
Orlando, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Stumbras Sanchez, Sulyn  
2345 Sand Lake Rd. Suite 100  
Orlando, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
Erfurth, Cary J.  
2345 Sand Lake Rd. Suite 100  
Orlando, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
Holbrook, Karen S.  
2345 Sand Lake Rd. Suite 100  
Orlando, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/03

Date

407-859-8900

Daytime Phone #