

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90222 001 \*\*\*150.00

0123077 AV

**DOCUMENT # H97435**

1. Entity Name  
**RESORTS BY THE SEA, INC.**



Principal Place of Business  
**3101 HIGHWAY A1A  
INDIALANTIC FL 32903**

Mailing Address  
**3101 HIGHWAY A1A  
INDIALANTIC FL 32903**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2733918** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TELEMACHOS, NICHOLAS  
3101 N HWY A1A  
MELBOURNE FL 32903**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	TELEMACHOS, NICHOLAS	
STREET ADDRESS	3101 HWY. A1A	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BALLAUER, JOHN	
STREET ADDRESS	3101 HWY. A1A	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D NICHOLE TELEMACHOS	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	3101 N. HWY. A1A	
CITY-ST-ZIP	INDIALANTIC, FL 32937	
TITLE	D MARIA TELEMACHOS	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	3101 N. HWY A1A	
CITY-ST-ZIP	INDIALANTIC, FL 32937	
TITLE	D CHRISTINA TELEMACHOS	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	3101 N. HWY. A1A	
CITY-ST-ZIP	INDIALANTIC, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/16/03** (321) 773-9260  
Daytime Phone #

CR2E034 (10/02)