2000 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2000 8:00 am **DOCUMENT # J11140** 1. Entity Name Secretary of State THE CLUB OF THE OAKS AT RESORT WORLD, INC. 02-10-2000 90020 031 ***150.00 Principal Place of Business Mailing Address 2794 N POINCIANA BLVD. P. O. BOX 422168 KISSIMMEE FL 34746 KISSIMMEE FL 34742-2168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2786325 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent New Registered Agent MEYERS, PA, STEVEN M ONE BISCAYNE TOWER. SUITE 2550 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE TITLE KAPLUS, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 3235 TOMAHAWK DR CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL PDT TITLE ☐ Delete MEYERS, NEIL S. NAME NAME STREET ADDRESS STREET ADDRESS **5001 LAKE CECIL DRIVE** CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Addition SDCB ☐ Delete TITLE MEYERS, HILLEL NAME NAME STREET ADDRESS STREET ADDRESS 4875 PINE-TREE DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL DVP ☐ Addition TITLE ☐ Delete TITLE □ Change MEYERS, JARED M NAME NAME 2791 N POINCIANA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF KISSIMMEE FL 34746 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

)-14-2000 (457)997579

Change

☐ Addition