

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90242 027 ***150.00

0559572

DOCUMENT # J11140

1. Entity Name

THE CLUB OF THE OAKS AT RESORT WORLD, INC.

Principal Place of Business

Mailing Address

2794 N POINCIANA BLVD.
 KISSIMMEE FL 34746
 US

P. O. BOX 422168
 KISSIMMEE FL 34742-2168
 US

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2800 N. POINCIANA BLVD

3. Mailing Address

2800 N. POINCIANA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-2786325

Applied For

Not Applicable

Zip

Country

34746 US

Zip

Country

34746 US

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

MEYERS, JARED M
 EXECUTIVE OFFICES
 2794 N PONCIANA BLVD
 KISSIMMEE FL 34746

Name **ROBERT KAPLUS**
 Street **2800 N. POINCIANA BLVD**
 City **KISSIMMEE FL 34746**

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

Robert A. Kaplus
 (NOTE: Registered Agent signature required when reinstating)

4-20-01
 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, 2001 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	VSCD	<input type="checkbox"/> Delete
NAME	KAPLUS, ROBERT A	
STREET ADDRESS	3235 TOMAHAWK DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, NEIL S.	
STREET ADDRESS	5001 LAKE CECIL DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, HILLEL	
STREET ADDRESS	4875 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, JARED M	
STREET ADDRESS	2791 N POINCIANA BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	INPANK, RODNEY	
STREET ADDRESS	2794 N POINCIANA BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLUS, ROBERT A.	
STREET ADDRESS	8842 ELLIOT'S CT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S D CB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, HILLEL	
STREET ADDRESS	4875 PINETREE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTA. KAPLUS

Date

4/10/01

Daytime Phone #

407-997-5192

CR2E034 (10/00)