

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

FILED

DOCUMENT # K04114

1. Entity Name

Interval Lodging, Inc.



03 APR 15 AM 7:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2951 High Point Blvd.

3. Mailing Address

same

Suite, Apt. #, etc.

c/o Morton Glick

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

4. FEI Number

592858203

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Patricia A. Rahl, Esq.

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

2951 High Point Blvd.

City

Kissimmee

FL

Zip Code

34747

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

*Patricia A. Rahl*

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

(NOTE: Registered Agent signature required when reinstating)

3/6/03

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

PSD  
Morton Glick  
2951 High Point Blvd.  
Kissimmee, FL 34747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000014314510  
04/15/03--01024--020 \*\*150.00

TITLE  
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000014314510  
03/18/03--01030--028 \*\*750.00

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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 all other like empowered.

SIGNATURE:

*Morton Glick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

Date

Daytime Phone #

CR2E034B (12/02)

gs 4/14