

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K05699

1. Entity Name

THE CLUB OF THE SPAS AT RESORT WORLD, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90020 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2794 N. POINCIANA BLVD  
KISSIMMEE FL 34746  
US

PO BOX 422168  
KISSIMMEE FL 34742-2168  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2907632

Applied For

Not Applicable

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, PA, STEVEN M  
ONE BISCAYNE TOWER SUITE 3550  
TOW S. BISCAYNE BLVD.  
MIAMI FL 33131

Name

Meyers, Jared M.

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

Executive Offices  
2794 N. Poinciana Blvd.

City

Kissimmee

FL

Zip Code

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

*Jared Meyers VP*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-2000

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, 2000 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 ☐ Delete  
NAME VD  
STREET ADDRESS KAPLUS, ROBERT A.  
CITY-ST-ZIP 3235 TOMAHAWK DR  
KISSIMMEE FL

TITLE ☒ Change ☐ Addition  
NAME V/SIC/D  
STREET ADDRESS Kaplus, Robert A.  
CITY-ST-ZIP 3235 Tomahawk Dr.  
Kissimmee FL

TITLE ☐ Delete  
NAME PDT  
STREET ADDRESS MEYERS, NEIL  
CITY-ST-ZIP 5001 LAKE CECIL DRIVE  
KISSIMMEE FL

TITLE ☒ Change ☐ Addition  
NAME P/SIC/D  
STREET ADDRESS Meyers, Neil  
CITY-ST-ZIP 5001 Lake Cecil Drive  
Kissimmee FL 34746

TITLE ☐ Delete  
NAME SDCB  
STREET ADDRESS MEYERS, HILLEL  
CITY-ST-ZIP 4875 PINE TREE DRIVE  
MIAMI BEACH FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Meyers, Hillel  
CITY-ST-ZIP 4875 Pine Tree Drive  
Miami BCH FL

TITLE ☐ Delete  
NAME DVP  
STREET ADDRESS MEYERS, JARED M  
CITY-ST-ZIP 2791 N POINCIANA BLVD.  
KISSIMMEE FL 34746

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS Infante, Rodney  
CITY-ST-ZIP 2794 N. Poinciana Blvd.  
Kissimmee FL 34746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Jared Meyers VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000

Date

(407) 997-5192

Daytime Phone #

CR2E034 (9/99)