

2000 UNIFORM BUSINESS REPORT (UBR)

0682186

DOCUMENT # **K26995**

1. Entity Name

VACATION RESORT RESALES, INC.

FILED

00 MAR -7 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1629 WINCHESTER ROAD
MEMPHIS TN 38116
US

Mailing Address

1629 WINCHESTER ROAD
MEMPHIS TN 38116-3519
US

2. Principal Place of Business

8505 W. Irlo Bronson Mem. Hwy.
Suite, Apt. #, etc.

3. Mailing Address

8505 W. Irlo Bronson Mem. Hwy.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

62-1357128

Applied For

Not Applicable

Zip

34747-8201

Country

Orange

Zip

34747-8201

Country

Orange

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

LOWER, BRIAN T
8505 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE FL 34747

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 **DC** ☐ Delete
NAME **WILSON, KEMMONS**
STREET ADDRESS **1629 WINCHESTER ROAD**
CITY-ST-ZIP **MEMPHIS TN 38116**

TITLE ☐ Change ☐ Addition
NAME **(See attached list)**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **SWAN, CHARLES K. III**
STREET ADDRESS **8505 W IRLO BRONSON MEM HWY**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600003169696--0
-03/14/00--01112--021
******158.75 ****158.75**

TITLE **VD** ☐ Delete
NAME **WILSON, ROBERT A.**
STREET ADDRESS **1629 WINCHESTER ROAD**
CITY-ST-ZIP **MEMPHIS TN 38116**

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

TITLE **VD** ☐ Delete
NAME **WILSON, C. KEMMONS, JR.**
STREET ADDRESS **1629 WINCHESTER ROAD**
CITY-ST-ZIP **MEMPHIS TN**

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

TITLE **D** ☐ Delete
NAME **MOORE, BETTY WILSON**
STREET ADDRESS **1629 WINCHESTER ROAD**
CITY-ST-ZIP **MEMPHIS TN**

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

TITLE **VT** ☐ Delete
NAME **PETTEY, JOHN**
STREET ADDRESS **1629 WINCHESTER ROAD**
CITY-ST-ZIP **MEMPHIS TN 38116**

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

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

Brian T. Lower 2/7/00 (407) 239-0000

Senior Vice President

Daytime Phone #

CR2E034 (9/99)

VACATION RESORT RESALES, INC.
(FEI # 62-1357128)

1629 Winchester Road
Memphis, TN 38116

Kemmons Wilson	D/C, Emeritus
Spence Wilson	D/C
Robert A. Wilson	D/V
C. Kemmons Wilson, Jr.	D/V
Betty Wilson Moore	D
Carole Wilson West	D
John H. Pettey III	V/T
R.E. Wallin	S
William R. Batt	Asst. S/Asst. T
Amy Jarreau	Asst.S
Gary McClain	Asst. T

8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747

Charles K. Swan III	P
Brain T. Lower	P/Asst. S
Robert L. Shaw	V
Gail B. Hansen	Asst. S
Filomena Parillo	Asst. V

D=Director, C=Chairman, P=President, V=Vice President, S=Secretary, T=Treasurer,
Asst.=Assistant