

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90225 012 ***158.75

DOCUMENT # **K26995 ✓**

1. Entity Name

VACATION RESORT RESALES, INC.

Principal Place of Business

8505 W. Irlo Bronson Mem. Hwy
 Kissimmee, FL 34747-8201

Mailing Address

8505 W. Irlo Bronson Mem.
 Kissimmee, FL 34737-8201

Hwy

C0041451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1357128

Applied For

Not Applicable

Zip

Country

Zip

Country

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 W. Irlo Bronson Mem. Hwy
 Kissimmee, FL 34747-8201

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, 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 | D/C | <input type="checkbox"/> Delete |
| NAME | Wilson, Kemmons | |
| STREET ADDRESS | 1629 Winchester Road | |
| CITY-ST-ZIP | Memphis, TN 38116 | |
| TITLE | P/CEO | <input type="checkbox"/> Delete |
| NAME | Charles K. Swan III | |
| STREET ADDRESS | 8505 W. Irlo Bronson Mem. Hwy | |
| CITY-ST-ZIP | Kissimmee, FL 34747 | |
| TITLE | D/VP | <input type="checkbox"/> Delete |
| NAME | Robert A. Wilson | |
| STREET ADDRESS | 1629 Winchester Road | |
| CITY-ST-ZIP | Memphis, TN 38116 | |
| TITLE | D/VP | <input type="checkbox"/> Delete |
| NAME | Wilson, C. Kemmons, Jr. | |
| STREET ADDRESS | 1629 Winchester Road | |
| CITY-ST-ZIP | Memphis, TN 38116 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Moore, Betty Wilson | |
| STREET ADDRESS | 1629 Winchester Road | |
| CITY-ST-ZIP | Memphis, TN 38116 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | Petty, John | |
| STREET ADDRESS | 1629 Winchester Road | |
| CITY-ST-ZIP | Memphis, TN 38116 | |

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | (See attached list) | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |
| 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 | | |
| TITLE | VP/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Batt, William R. | |
| STREET ADDRESS | 1629 Winchester Road | |
| CITY-ST-ZIP | Memphis, TN 38116 | |

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 3/2/01

(407) 239-0000

Date

Daytime Phone #

CR2E034 (11/00)

Attachment DOC# K26995
C0041451

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/VP |
| C. Kemmons Wilson, Jr. | D/VP |
| Betty Wilson Moore | D |
| Carole Wilson West | D |
| William R. Batt | VP/T |
| R.E. Wallin | S |
| Chip Crenshaw | 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/CEO |
| Brain T. Lower | Sr. VP/Asst. S |
| Thomas J. Gispanski | Sr. VP/CFO |
| Robert L. Shaw | VP |
| Gail B. Hansen | Asst. S |
| John R. DeYot | Asst. VP |

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant