2002 UNIFORM BUSINESS REPORT (UBR)

K26995 **DOCUMENT #**

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. HWY KISS!MMEE FL 34747-8201



FILED

May 06, 2002 8:00 am Secretary of State

05-06-2002 90060 025 ***158.75

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1357128 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOWER, BRIAN T Street Address (P.O. Box Number is Not Acceptable) 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) DC TITLE Delete TITLE [] Change Addition WILSON, KEMMONS NAME NAME **1629 WINCHESTER ROAD** CR2E034 STREET ADDRESS. STREET ADDRESS MEMPHIS TN 38116 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SWAN, CHARLES K III NAME NAME 8505 W. IRLO BRONSON MEM. HWY (See Attached) STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34747-8201 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME WILSON, ROBERT A NAME STREET ADDRESS 1629 WINCHESTER ROAD STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38116 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WILSON, KEMMONS C JR NAME NAME **1629 WINCHESTER ROAD** STREET ADDRESS STREET ADDRESS MEMPHIS TN 38116 CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WILSON, BETTY M NAME NAME **1629 WINCHESTER ROAD** STREET ADDRESS STREET ADDRESS MEMPHIS TN 38116 CITY-ST-ZIE CITY-ST-ZIP VPT TITLE ☐ Delete TITLE ☐ Change ■ Addition BATT, WILLIAM R NAME NAME 1629 WINCHESTER ROAD STREET ADDRESS STREET ADDRESS MEMPHIS TN 38116 CITY-ST-ZIP 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 without address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sr. VP 4-25-02 4407.239.0000

Daytime Phone #

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

1629 Winchester Road Memphis, TN 38116

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

8505 West Irlo Bronson Memorial Highway Kissimmee, FL 34747

Asst. T

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