2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # K30285 RESORT PROVISIONS, INC. 04-26-2001 90227 024 ***150.00 Principal Place of Business Mailing Address 505 JENNIFER LN 505 JENNIFER LN WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2910955 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALAND, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 9130 S DADELAND BLVD **SUITE 1209** MIAMI FL 33156 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) 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD ☐ Delete Change Addition TITLE TITLE MALAND, JANET G MAMS NAME 505 JENNIFER LANE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP WINDEMERE FL 34786 CITY-ST-718 Addition ☐ Delete ☐ Change TITLE TIME MALAND, STEVEN A NAME NAME **505 JENNIFER LANE** STREET ADDRESS STREE* ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-S7-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TOTALE NAMS NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS 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 logal effect as if made under eath; 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR