

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93717

1. Entity Name

THE CLUB OF THE VILLAS AT RESORT WORLD, INC.

FILED

Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90020 034 ***150.00

Principal Place of Business

8405 PALM PARKWAY
LAKE BUENA VISTA FL 32836
US

Mailing Address

P.O. 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 59-3014866

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
TWO SOUTH 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 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: DVP
NAME: KAPLUS, ROBERT A.
STREET ADDRESS: 3235 TOMAHAWK DR
CITY-ST-ZIP: KISSIMMEE FL ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME: KAPLUS, ROBERT A.
STREET ADDRESS: 3235 Tomahawk Dr.
CITY-ST-ZIP: KISSIMMEE FL

TITLE: DSCB
NAME: MEYERS, HILLEL A.
STREET ADDRESS: 4875 PINE TREE DR.
CITY-ST-ZIP: MIAMI FL ☐ Delete

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

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

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

TITLE: VD
NAME: MEYERS, JARED
STREET ADDRESS: 123 CELEBRATION BLVD
CITY-ST-ZIP: CELEBRATION FL 34747 ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME: Meyers, Jared M.
STREET ADDRESS: 2794 N Poinciana Blvd.
CITY-ST-ZIP: Kissimmee FL 34746

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

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

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

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

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

Date

Daytime Phone #

1-14-2000 (407) 997-5192

CR2E034 (9/99)