## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # K93717** 1. Entity Name THE CLUB OF THE VILLAS AT RESORT WORLD, INC. 04-27-2001 90242 030 \*\*\*150.00 Principal Place of Business Mailing Address 8405 PALM PARKWAY P.O. BOX 422168 LAKE BUENA VISTA FL 32836 **KISSIMMEE FL 34742-2168** 3. Mailing Address 2800 N. POINCIANA BUD 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3014866 STMMER Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JARED, MEYERS M **EXECUTIVE OFFICES** 2794 N POINCIANA BLVD KISSIMMEE FL 34746 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE e of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **VSCD** ☐ Delete TITLE TITLE KAPLUS, ROBERT A KAPLUS, ROBERT A. NAME NAME STREET ADDRESS 3235 TOMAHAWK DR STREET ADDRESS ORLANDO FL 32836 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL TITLE Delete S D CB MEYERS, HILLEL A. NAME MEYERS, HILLEL NAME STREET ADDRESS 4875 PINE TREE DR. STREET ADDRESS 4875 PINETREE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ---- -- Change \_ \_\_\_ Addition = | PSTD -TITLE-TITLE" -Delete MEYERS, NEIL NAME NAME STREET ADDRESS 5001 LAKE CECIL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL DVP Change Delete TITLE Addition TITLE MEYERS, JARED NAME NAME STREET ADDRESS STREET ADDRESS 123 CELEBRATION BLVD CITY-ST-ZIP CITY-ST-ZIP **CELEBRATION FL 34747** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

ROBERY A