

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012915

1. Entity Name

LAKE BUENA VISTA VACATION CLUB, L.C.

FILED

01 MAY 11 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5193 S. UNIVERSITY DR.
DAVIE, FL 33328

5193 S. UNIVERSITY DR.
DAVIE, FL 33328

2. Principal Place of Business

5193 S. UNIVERSITY DR.

Suite, Apt. #, etc.

3. Mailing Address

5193 S. UNIVERSITY DR.

Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State
DAVIE, FL

Zip
33328

Country

Zip
33328

Country

4. FEI Number
Applied

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRA C. HATCH
1701 HIGHWAY A1A SUITE 220
VERO BEACH, FL 32963

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)

4/27/01
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 MGRM ☐ Delete
NAME PABLO MARULANDA
STREET ADDRESS 5193 S. UNIVERSITY DR.
CITY-ST-ZIP DAVIE, FL 33328

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5193 S. UNIVERSITY DR.
CITY-ST-ZIP DAVIE, FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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 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

4/27/01