

8/18

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90125 029 \*\*\*\*55.00

**DOCUMENT # L01000010710**

1. Entity Name

**FLORIDA RESORT RENTALS, LLC** ✓

Principal Place of Business

**106 EAST COLLEGE AVE., 12TH FLOOR  
TALLAHASSEE FL 32301**

Mailing Address

**106 EAST COLLEGE AVE., 12TH FLOOR  
TALLAHASSEE FL 32301**

2. Principal Place of Business

**2800 N. POINCIANA BLVD  
Suite, Apt. #, etc.**

3. Mailing Address

**2800 N. POINCIANA BLVD  
Suite, Apt. #, etc.**

City &amp; State

**KISSIMMEE, FL**

City &amp; State

**KISSIMMEE, FL**

4. FEI Number

**59-3751067**

Applied For

Not Applicable

Zip

Country

**34746 USA**

Zip

Country

**34746 U.S.A**5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPLUS, ROBERT**  
**2800 N. POINCIANA BLVD.**  
**KISSIMMEE FL 34746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **Managing Member**  
 STREET ADDRESS **FIRST JEFFERSON CORP**  
 CITY-ST-ZIP **2800 N. POINCIANA BLVD  
KISSIMMEE, FL 34746**

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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**ROBERT A. KAPLUS, MANAGER****407-997-5000****SIGNATURE:****SIGNATURE REQUIRED****8-17-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)