

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90185 006 \*\*\*\*50.00

**DOCUMENT # L01000013005**

1. Entity Name

**SUN RESORTS TRAVEL, LLC**

Principal Place of Business

**2000 WEST VINE STREET  
 KISSIMMEE FL 34741**

Mailing Address

**2000 WEST VINE STREET  
 KISSIMMEE FL 34741**

2. Principal Place of Business

**1964 N. John Young Pkwy**

3. Mailing Address

**1964 N. John Young Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Kissimmee, FL**

City & State

**Kissimmee, FL**

4. FEI Number

**59-373-8563**

Applied For

Not Applicable

Zip

**34741**

Country

**USA**

Zip

**34741**

Country

**USA**

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

**WOODS, JONATHAN D  
 15 WEST CHURCH STREET  
 SUITE 203  
 ORLANDO FL 32801**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 FREY, CHARLES C  
 2000 WEST VINE STREET  
 KISSIMMEE FL 34741** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR.  
 Frey, Charles  
 1964 N. John Young Pkwy  
 Kissimmee, FL 34741** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**7/24/02**

CR2E083 (4/02)