

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **195000000407**

1. Entity Name  
**STERLING VACATION REALTY, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

4403 SUN VILLAGE BLVD.  
ORLANDO FL 34746

Mailing Address

4403 SUN VILLAGE BLVD.  
ORLANDO FL 34746

2. Principal Place of Business

Orlando Sun Village

Suite, Apt. #, etc.

3. Mailing Address

4403 Sun Village Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Kissimmee, FL

City & State  
Kissimmee, FL

4. FEI Number

59-3332519

Applied For

Not Applicable

Zip  
34746

Country  
USA

Zip  
34746

Country  
USA

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PELLINGRA, ALAN  
SCHROEDER AND LARCHE, P.A.  
2255 GLADES RD., STE. 319-A  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name  
Michael A. Tessitore, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
1221 West Colonial Dr., Ste. 200  
City Orlando FL Zip Code 32804

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

*(Michael A. Tessitore)*  
(NOTE: Registered Agent signature required when reinstating)

9/14/00  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMEE, ROGER 10222 ATTERBURY COURT LAKE NONA FL 32827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDLINK ONE L.C. 4403 SUN VILLAGE BLVD. ORLANDO FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT A. KOCH, AS TRUSTEE 2555 TEMPLE TRAIL WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003410545--7 -10/02/00--01010--017 *****55.00 *****55.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kissimmee, FL 34746	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MEM MGR</del> Dr. Abdulfattah Abdullah 7380 Sandlake Rd., Suite 526 Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*[Signature]* JONES 09/14/00 402.390.  
4000

CR2E083 (500)