

2001 UNIFORM BUSINESS REPORT (UBR)

0023191 AF

DOCUMENT # L95000000407

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

FILED

01 JAN 30 PM 3:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
ORLANDO SUN VILLAGE BLVD.
4403 SUN VILLAGE BLVD.
KISSIMMEE FL 34746

Mailing Address
4403 SUN VILLAGE BLVD.
KISSIMMEE FL 34746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3332519

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 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

TESSITORE, MICHAEL A
1221 WEST COLONIAL DR., STE. 200
ORLANDO FL 32804

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)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGRM SMEE, ROGER
STREET ADDRESS 10222 ATTERBURY COURT
CITY-ST-ZIP LAKE NONA FL 32827 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS 300003656963-7
CITY-ST-ZIP -02/08/01--01015--006
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE NAME
MGRM LANDLINK ONE L.C.
STREET ADDRESS 4403 SUN VILLAGE BLVD.
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

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

TITLE NAME
MGRM ROBERT A. KOCH, AS TRUSTEE
STREET ADDRESS 2555 TEMPLE TRAIL
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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

TITLE NAME
MGR DR. ABDULFATTAH ABDULLAH
STREET ADDRESS 7380 SANDLAKE RD., STE. 526
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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 #

01/27/01 407/856/6838

CR2E083 (11/00)