

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001064

1. Entity Name
LINDRESORT L.C.

FILED

01 MAR 30 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7799 STYLES BLVD.
KISSIMMEE FL 34747

Mailing Address

7799 STYLES BLVD.
KISSIMMEE FL 34747

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3405196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH



6. Name and Address of Current Registered Agent

ASSERSOHN, DENISE
7799 STYLES BLVD.
KISSIMMEE FL 34747

7. Name and Address of New Registered Agent

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)

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

3000003996458-2

-04/13/01--01028--017

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
STYLES, JEAN E
7799 STYLES BLVD
KISSIMMEE FL 34746

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
ASSERSOHN, DENISE I
7799 STYLES BLVD
KISSIMMEE FL 34746

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
PURRINGTON, MARGARET A
4407 VINELAND RD., SUITE D-16
ORLANDO FL 32811

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
BEARDSLEY, HENRY L
4407 VINELAND RD., SUITE D-16
ORLANDO FL 32811

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
BUTLER, ROBERT A
3900 SOUTH ROOSEVELT BLVD.
KEY WEST FL 33040

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
WALDRON, PAUL
3900 SOUTH ROOSEVELT BLVD.
KEY WEST FL 33040

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/22/01

Date

Daytime Phone #

467 396-2262

CR2E083 (11/00)