

# 2000 UNIFORM BUSINESS REPORT (UBR)

001101 AF

DOCUMENT # L97000001056

1. Entity Name  
ADVANTAGE RESORT MARKETING, L.C.

APPROVED  
AND  
FILED

00 MAR 20 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

rf 3/26



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1125 US HIGHWAY 98 SOUTH, STE. 200  
LAKELAND FL 33801

Mailing Address  
1125 US HIGHWAY 98 SOUTH, STE. 200  
LAKELAND FL 33801-5846

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

59-3472781

Applied For

Not Applicable

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

ST. JOHN, JOSEPH P  
1125 US HIGHWAY 98 SOUTH, STE. 200  
LAKELAND FL 33801

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  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
ST. JOHN, JOSEPH P  
1125 US HIGHWAY 98 SOUTH, STE. 200  
LAKELAND FL 33801

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Member  
Mayhugh, Linda  
1125 US Highway 98 South Suite 200  
Lakeland, FL 33801

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
CAREY, JAMES E III  
1125 US HIGHWAY 98 SOUTH, STE. 200  
LAKELAND FL 33801

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Member  
Haaser, Harold  
1125 US Highway 98 South Suite 200  
Lakeland, FL 33801

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
800003216898-3  
-04/20/00-01085-006  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

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☐ Change

☐ Addition

TITLE  
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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 OR MANAGER

3/17/00

Date

863-686-1400

Daytime Phone #

CR2E083 (9/99)