

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90078 016 ****55.00

DOCUMENT # L97000001056

1. Entity Name

ADVANTAGE RESORT MARKETING, L.C.

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**

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: **Harold F. Haaser**

Street Address (P.O. Box Number is Not Acceptable)

1125 US Hwy 98 So #200

City **Lakeland**

FL

Zip Code **33801**

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

Harold F. Haaser

Harold F. Haaser

4/3/02

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE **MEM** ☒ Delete
 NAME **MAYHUGH, LINDA**
 STREET ADDRESS **1125 US HIGHWAY 98 SOUTH, STE. 200**
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE **MEM** ☐ Delete
 NAME **HAASER, HAROLD**
 STREET ADDRESS **1125 US HIGHWAY 98 SOUTH, STE. 200**
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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:

Harold F. Haaser

Harold F. Haaser

4/3/02

8636861400

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

Date

Daytime Phone #

CR2E083 (9/01)