

2001 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT

0023248 AF

DOCUMENT # L99000002124

1. Entity Name
ORLANDO RESORT GROUP, L.C.

FILED

Principal Place of Business

2650 HOLIDAY TRAIL
KISSIMMEE FL 34746

Mailing Address

P.O. BOX 470442
CELEBRATION FL 34747-0442

01 OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

2ed

4. FEI Number

59-3576830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYKHOORN, JACOB C
130 EAST CENTRAL AVENUE
LAKE WALES FL 33853

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

David S. Imeson
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-26-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

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*****100.00 *****100.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

MGR
ASHDOWN, BLAKE E
P.O. BOX 470442
CELEBRATION FL 34747-0442

TITLE NAME ☐ Delete

MGR
IMESON, DAVID S
P.O. BOX 470442
CELEBRATION FL 34747-0442

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

700004666577--7
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*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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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:

DAVID S. IMESON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/5/01

407 396 6395

CR2E083 (11/00)