

# 2002 UNIFORM BUSINESS REPORT (UBR)

04-30-2002 90039 032 \*\*\*\*50.00  
L99000002124

DOCUMENT # L99000002124

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUN 13 PM 4:42



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2650 HOLIDAY TRAIL  
KISSIMMEE FL 34746

Mailing Address  
P.O. BOX 470442  
CELEBRATION FL 34747-0442

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ASHDOWN, BLAKE E</b>	<input type="checkbox"/>
	<b>P.O. BOX 470442 CELEBRATION FL 34747-0442</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR IMESON, DAVID S</b>	<input type="checkbox"/>
	<b>P.O. BOX 470442 CELEBRATION FL 34747-0442</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 4/15/02 407-908-4675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)