

2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L99000002124

1. Entity Name

ORLANDO RESORT GROUP, L.C.

Principal Place of Business

2650 HOLIDAY TRAIL
KISSIMMEE FL 34748

Mailing Address

P.O. BOX 470442
CELEBRATION FL 34747-0442

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 13 PM 4:42



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3576830

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ASHDOWN, BLAKE E
STREET ADDRESS P.O. BOX 470442
CITY-ST-ZIP CELEBRATION FL 34747-0442

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

TITLE MGR ☐ Delete
NAME IMESON, DAVID S
STREET ADDRESS P.O. BOX 470442
CITY-ST-ZIP CELEBRATION FL 34747-0442

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
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)