

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004540

1. Entity Name

RESORT OWNERS INTERNATIONAL, LLC

APPROVED
AND
FILED

00 APR 23 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801

Mailing Address

200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801-3455

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2158 WINTERMERE POINTE
DRIVE

WINTER GARDEN, FL

34787

USA

4. FEI Number

54-361 6808

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Barry J. Gazzard

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

2158 Wintermere Pointe Drive

City

Winter Garden

FL

Zip Code
34787

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

BARRY J. GAZZARD - PRESIDENT/MGR 4/21/2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME GAZZARD, BARRY J
STREET ADDRESS P.O. BOX 500
CITY- ST- ZIP WINTERMERE FL 34786-0500

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE MGR
NAME GAZZARD, BARRY J
STREET ADDRESS 2158 WINTERMERE POINTE DRIVE
CITY- ST- ZIP WINTER GARDEN FL 34787

TITLE
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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/21/2000

(407) 905-9637

CR2E033 (9/99)