

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000004540**1. Entity Name  
RESORT OWNERS INTERNATIONAL, LLCPrincipal Place of Business  
200 SOUTH ORANGE AVENUE, SUITE 2300  
ORLANDO FL 32801Mailing Address  
2158 WINTERMERE POINT DRIVE  
WINTER GARDEN FL 347872. Principal Place of Business  
2158 WINTERMERE POINTE DRIVE3. Mailing Address  
2158 WINTERMERE POINT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WINTER GARDEN FLCity & State  
WINTER GARDEN FL4. FEI Number  
**59-3616808**Applied For  
Not ApplicableZip Country  
34787 USZip Country  
34787 US5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required6. Name and Address of Current Registered Agent  
A.G.C. CO.  
200 SOUTH ORANGE AVENUE, SUITE 2300  
ORLANDO FL 32801 US7. Name and Address of New Registered Agent  
Name  
GAZZARD BARRY JMGR  
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 **BARRY J. GAZZARD** 05/01/2001  
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**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEEKMAN NEVILLE 4 ROBIN LANE, UMTENTWENI, KWA-ZULU NATAL 4235 S.AFRICA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEEKMAN JACOB 2 ROBIN LANE., UMTENTWENI, KWA-ZULU NATAL 4235 S.AFRICA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEEKMAN ABRAHAM MR. 26 EAGLE RD., UMTENTWENI, KWA-ZULU NATAL 4235 S.AFRICA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLAN CINDY JMS. TALPIN ROAD, UMTENTWENI, KWA-ZULU NATAL 4235 S.AFRICA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OBERHOLZER ALUTIUS CMR. 870 ASTON ROAD DAINFURN, GAUTENG 2055 S.AFRICA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAZZARD BARRY J 2158 WINTERMERE POINT DRIVE WINTER GARDEN FL 34787 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BARRY J. Gazzard** MGR 05/01/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)