

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000005162

1. Entity Name
PINNACLE VACATION RENTALS, L.L.C.

00 MAY -2 AM 11:27

Principal Place of Business

3146 VINELAND ROAD
KISSIMMEE FL 34746

Mailing Address

3146 VINELAND ROAD
KISSIMMEE FL 34746-4657

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

5260 WEST 1120 BRONSON HWY

Mailing Address

5260 W 1120 BRONSON HWY

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

SUITE 115

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FLORIDA

City & State

KISSIMMEE FLORIDA

4. FEI Number

59-3593370

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34746

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

300003263993--9
-05/23/00--01106--007
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME PALIN, HENRY W
STREET ADDRESS 3146 VINELAND ROAD
CITY- ST- ZIP KISSIMMEE FL 34746

TITLE MGR ☒ Delete
NAME WYNNE, NEAL S
STREET ADDRESS 3146 VINELAND ROAD
CITY- ST- ZIP KISSIMMEE FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☐ Addition
NAME PALIN, HENRY W
STREET ADDRESS 5260 WEST 1120 BRONSON HWY. SE11S
CITY- ST- ZIP KISSIMMEE FL. 34746

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

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

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TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

4/25/00

407 390 0244

CR2E083 (9/99)