

2000 UNIFORM BUSINESS REPORT (UBR)

000521 AF

DOCUMENT # L99000008012

1. Entity Name
RVM VACATIONS, L.L.C.

FILED
00 MAR 23 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

Mailing Address
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309-2195

2. Principal Place of Business
2900 GATEWAY DR.
Suite, Apt. #, etc.
#101

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

City & State
POMEREO BEACH FL

City & State

Zip
33069

Country
USA

Zip

Country

4. FEI Number
65-0962671

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.
GREENSPOON, MARDER, HIRSCHFELD
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

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 _____ (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	MGR SHEEHAN, KEVIN 100 WEST CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003198595--0 -04/06/00--01080--003 *****55.00 *****55.00
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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: KEVIN SHEEHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/7/00 (854) 240-2739
Date Daytime Phone #

CR2E083 (9/99)