

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** M000000001121

**1. Entity Name**  
Platinum Resorts, LLC

**Principal Place of Business**  
376 Zinnia Drive  
Casselberry, FL 32707

**Mailing Address**

FILED  
01 APR 23 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Place of Business**  
Suite, Apt. #, etc.

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

**City & State**

**Zip** **Country**

**4. FEI Number** 59-3629926 ☐ **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**  
Tom Lay  
376 Zinnia Drive  
Casselberry, FL 32707

**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** *Thomas P. Jay* **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

100004137901--E  
-05/07/01--01019--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME	<input type="checkbox"/> Delete
President Tom Lay 376 Zinnia Drive Casselberry, FL 32707	

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**1. 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:** *Thomas P. Jay* **4/20/01** **407-323-5808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CRZE083 (11/00)