

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90031 016 ****50.00

DOCUMENT # M00000001121

1. Entity Name

PLATINUM RESORTS, LLC

Principal Place of Business

**376 ZINNIA DRIVE
CASSELBERRY FL 32707**

Mailing Address

**376 ZINNIA DRIVE
CASSELBERRY FL 32707**

2. Principal Place of Business

1700 SUNSET DR

3. Mailing Address

1700 SUNSET DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3629926

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAY, TOM

376 ZINNIA DRIVE

CASSELBERRY FL 32707

Name

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

1700 SUNSET DR

City

Longwood

FL

Zip Code

32750

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 R. Jay

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LAY, TOM**
CITY-ST-ZIP **376 ZINNIA DRIVE
CASSELBERRY FL 32707**

TITLE ☐ Change ☐ Addition
NAME **1700 SUNSET DR**
STREET ADDRESS **Longwood, FL 32750**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

Thomas R. Jay

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

Date

2/11/02

Daytime Phone #

CR2E083 (9/01)