

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

DOCUMENT # M97000000429

1. Entity Name

RESORT CONDOMINIUMS INTERNATIONAL, LLC



03-11-2003 90030 021 ****50.00

Principal Place of Business

Mailing Address

**1 CAMPUS DRIVE
PARSIPPANY NJ 07054**

**1 CAMPUS DRIVE
PARSIPPANY NJ 07054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3530212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME **P** ☐ Delete
MAY, KENNETH
STREET ADDRESS
CITY-ST-ZIP **6 SYLVAN WAY
PARSIPPANY NJ 07054**

TITLE
NAME **V** ☐ Delete
HUBER, JOSEPH
STREET ADDRESS
CITY-ST-ZIP **1 CAMPUS DR
PARSIPPANY NJ 07054**

TITLE
NAME **S** ☒ Delete
BOCK, ERIC J
STREET ADDRESS
CITY-ST-ZIP **9 WEST 57TH AVE
NEW YORK NY 10019**

TITLE
NAME **T** ☐ Delete
DUNCAN, COCROFT
STREET ADDRESS
CITY-ST-ZIP **1 CAMPUS DR
PARSIPPANY NJ 07054**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Manager** ☐ Change ☒ Addition
James E Buckman
STREET ADDRESS
CITY-ST-ZIP **1 Campus Dr.
Parsippany NJ 07054**

TITLE
NAME **Manager** ☐ Change ☒ Addition
Stephen P Holmes
STREET ADDRESS
CITY-ST-ZIP **1 Campus Dr.
Parsippany NJ 07054**

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 REQUIRED

Joseph Huber 2/27/03

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

Date

Daytime Phone #

CR2E083 (10/02)