

FILED

May 23, 2001 8:00 am
Secretary of State

05-04-2001 90010 050 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000750

1. Entity Name

ARROWWOOD INTERNATIONAL VACATION CLUB, INC.

Principal Place of Business

3850 CADBURY CIRCLE
VENICE FL 34293

Mailing Address

3850 CADBURY CIRCLE
VENICE FL 34293

2. Principal Place of Business

Suite, Apt. #, etc.

1662 QUAIL LAKE

City & State VENICE FL

Zip

34293

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

1662 QUAIL LAKE

City & State VENICE FL

Zip

34293

Country

USA

4. FEI Number

65-0978802

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

 MARTIN, WILLIAM R
3850 CADBURY CIRCLE
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

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

1662 QUAIL LAKE DR

City

VENICE FL

Zip Code

34293

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

 FILE NOW:
FEE IS \$61.25

 9. Election Cert. sign Financing
Trust Fund Contribution. ☐

 \$5.00 May Be
Added to Fees

 Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D	ARROWWOOD INTERNATIONAL VACATION CLUB	1662 QUAIL LAKE	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
	D	ARROWWOOD INTERNATIONAL VACATION CLUB	1662 QUAIL LAKE	☐ Change	☒ Addition
				☐ Change	☒ Addition
				☐ Change	☒ Addition
				☐ Change	☒ Addition
				☐ Change	☒ Addition
				☐ Change	☒ Addition

CR2ED37 (10/00)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

Date

551405-0625

Daytime Phone