5/27

FILED
Jun 24, 2002 8:00 am
Secretary of State
05-27-2002 90434 017 ****70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

N/C FEE 4/28/02 MY

DOCUMENT # N01000005254

1. Entity Name

THE HOLIDAY CLUB COOPERATIVE ASSOCIATION I, INC.

DO NOT WRITE IN THIS SPACE

36706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4901 VINELAND ROAD	4901 VINELAND ROAD
Suite, Apt. #, etc. SUITE 320	Suite, Apt. #, etc. SUITE 320
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32811 Country US	Zip 32811 Country US

4. FEI Number 59-3733276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name THC DEVELOPERS INTERNATIONAL, LLC.

Street Address (P.O. Box Number is Not Acceptable) 4901 VINELAND ROAD

SUITE 320

City ORLANDO FL Zip Code 32811

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 _____ BARRY J. GAZZARD 29 APRIL 2002

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign 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	~~MANG~~ PRESIDENT, T, S BARRY J. GAZZARD 2168 WINTERMERE POINTE DR. WINTER GARDEN, FL 34787
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JACOB BEEKMAN 105 UWONGA FALLS, 93 MARINE DR. UWONGA, KWA-ZULU NATAL 4270
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SOUTH AFRICA.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ABRAHAM BEEKMAN 26 EAGLE RD, UMTENTWENI KWA-ZULU NATAL 4235, SOUTH AFRICA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 29 APRIL 2002 (407) 905-9637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #