

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26959

1. Entity Name

POLYNESIAN ISLES RESORT CONDOMINIUM IV ASSOCIAT

Principal Place of Business

3045 POLYNESIAN ISLES BLVD
KISSIMMEE FL 34746

Mailing Address

6880 LAKE ELLENOR DR
STE 103
ORLANDO FL 32809

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

12179 S. Apopka Vineland Rd.

Suite, Apt. #, etc.

#607

City & State

Orlando, FL

Zip

32836

Country

US

4. FEI Number

59-2987630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RPM MANAGEMENT, INC.
6880 LAKE ELLENOR DRIVE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

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

1781 Park Center Drive

City

Orlando

FL

Zip Code

32835

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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
VD
BYRD, TERRY
3636 BREWTON CT
CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GRIFFITH, CLEOHA
3262 CREEKWAY LANE
DECATUR GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HEFFNER, LOIS
4900 NW 41ST STE
GAINESVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
30034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
32606-4440

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Resident 3/28/01 404-288-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90037 003 ****61.25



DO NOT WRITE IN THIS SPACE