

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26960

1. Entity Name

POLYNESIAN ISLES RESORT MASTER ASSOCIATION, INC.

Principal Place of Business

3045 POLYNESIAN ISLES BLVD.
KISSIMMEE FL 34746-6212

Mailing Address

6880 LAKE ELLENOR DRIVE
SUITE 103
ORLANDO FL 32809-4602

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

59-2948840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RPM MANAGEMENT, INC.
6880 LAKE ELLENOR DRIVE
ORLANDO FL 32835

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.

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

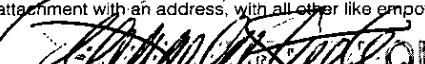
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNNING, RUSS 8651 TREASURE CAY LANE ORLANDO FL 32836	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEIRA, STEVE 1781 PARK CENTER DRIVE ORLANDO FL 32861-4005	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEFFNER, LOIS 4900 NW 41ST GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COHEN, ANN 1781 PARK CENTER DRIVE ORLANDO FL 32861-4005	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, CARLOS 15 BROOKSIDE AVE. WESTPORT MA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jeanne Streeter 6880 Lake Ellenor Dr. Suite 102 Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jeanne Qualls 8651 Treasure Cay Lane Orlando, FL 32836	☐ Change ☒ Addition
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
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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90019 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)