

**2001 UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 31 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/13/02--01071--003

DO NOT WRITE IN THESE SPACES \*\*\*\*\*61.50

DOCUMENT # **N3559**

1. Entity Name  
**San Remo Vacations Club Inc**

Principal Place of Business Mailing Address  
**18320 GOLF Blvd  
Redington Shores, FL 33708**

2. Principal Place of Business 3. Mailing Address  
**San Remo Resort 18320 Golf Blvd.**

Suite, Apt., etc. City & State  
**Office Redington Shores, FL 33708**

City & State Zip Country  
**Redington Shores, FL 33708 USA**

4. FEI Number Applied For  
**59-3077203 Not Applicable**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**John Swisher  
669 FIRST AV N.  
St Petersburg, FL 33701**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>RTD Barry Smith 18320 Golf Blvd Redington Shores, FL 33708</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD KAREN PULVER 18320 Golf Blvd Redington Shores, FL 33708</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREGORY LORENCE 18320 Golf Blvd Redington Shores, FL 33708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TMD GREGORY LORENCE 18320 Golf Blvd Redington Shores, FL 33708</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD ANTONIO SUESCUM 18320 Golf Blvd Redington Shores, FL 33708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>51.50 - AR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10.00 - ARACTS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[Signature]</b> <input type="checkbox"/> Change <input type="checkbox"/> 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: **Gregory Lorence** Date: **11/02/01 (727) 320-9306**

CR2E037 (11/00)