

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90047 033 ****61.25

DOCUMENT # N39410

1. Entity Name

WEEKENDS OF GREATER ORLANDO, INC.

Principal Place of Business

Mailing Address

626 N. LAKE FORMOSA DR.
 ORLANDO FL 32803

P.O. BOX 536055
 ORLANDO FL 32853-6055
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3020242

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG, THOMAS F
105 E ROBINSON ST
STE 201
ORLANDO FL 32801

Name

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

14 E. Washington St., Suite 600
 City **Orlando** FL Zip Code **32801**

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 **D** Delete
 NAME **LANG, THOMAS F**
 STREET ADDRESS **105 E ROBINSON ST, STE 201**
 CITY-ST-ZIP **ORLANDO FL 32801**

14 E. Washington Street, Suite 600

TITLE Change Addition
 NAME **Street, Suite 600**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CARSON, MICHAEL**
 STREET ADDRESS **6254 SILVER GLEN CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ELROD, JANET**
 STREET ADDRESS **719 KIWL CIRCLE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DEMPSEY, KATIE**
 STREET ADDRESS **626 N LAKE FORMOSA DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **Wilder, Sonya D**
 STREET ADDRESS **200 S. Orange Avenue mc 1011**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **Mr. Paul Volkerson**
 STREET ADDRESS **7007 Sea World Drive**
 CITY-ST-ZIP **Orlando, FL 32829**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00 407-898-8277

Date

Daytime Phone #