

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005201

1. Entity Name

BELLA VISTA INTERVAL OWNERSHIP ASSOCIATION, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90010 035 ****61.25

Principal Place of Business

Mailing Address

26935 BELLA VISTA BLVD.
 HOWEY IN THE HILLS FL 34737

P.O. BOX 66, HIGHWAY 48
 HOWEY IN THE HILLS FL 34737-0066

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

59-3346361

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

Name

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

City

FL

Zip Code

VOIGHT, STEPHEN F
 2414 BEE RIDGE ROAD
 SARASOTA FL 34239

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	PDS	<input checked="" type="checkbox"/> Delete
NAME	KIM, HARRY K	
STREET ADDRESS	10015 BRIDGEVIEW DR.	
CITY-ST-ZIP	HOWEY IN THE HILLS FL 34737	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	KOO, CHARLES K	
STREET ADDRESS	1000 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD NJ 07632	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAYLORD, FRANK	
STREET ADDRESS	804 NORTH BAY STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDermott, Peter	
STREET ADDRESS	P.O. Box 66 Highway 48	
CITY-ST-ZIP	Howey-In-The-Hills, FL 34737	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Youn, Kenny	
STREET ADDRESS	7 Lake Rd West	
CITY-ST-ZIP	Great Neck, NY 11020	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Park, Richard	
STREET ADDRESS	39 Tiffany Cir.	
CITY-ST-ZIP	Manhasset, NY 11030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)