

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005201

1. Entity Name

BELLA VISTA INTERVAL OWNERSHIP ASSOCIATION, INC.

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90198 044 ****61.25

Principal Place of Business

26935 BELLA VISTA BLVD.
HOWEY IN THE HILLS FL 34737

Mailing Address

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

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

BARKER, PATTI
595 N. NOVA RD., STE 205
ORMOND BEACH FL 32174

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 PDS
NAME MCDERMOTT, PETER
STREET ADDRESS P.O. BOX 66 HIGHWAY 48
CITY-ST-ZIP HOWEY IN THE HILLS FL 34737 ☐ Delete

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

TITLE VTD
NAME YOUM, KENNY
STREET ADDRESS 7 LAKE ROAD WEST
CITY-ST-ZIP GREAT NECK NY 11020 ☐ Delete

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

TITLE D
NAME PARK, RICHARD
STREET ADDRESS 39 TIFFANY CIRCLE
CITY-ST-ZIP MANHASSET NY 11030 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *Patti Barker* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

386-677-3109

Date

Daytime Phone #

CR2E037 (9/01)